

Fill in this information to identify the case:Debtor name Contempo Florida Holidays Limited IncUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 8:19-bk-11518-MGW

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☒ Other document that requires a declaration Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 26, 2020**X /s/ Gary Peter Leventhal**

Signature of individual signing on behalf of debtor

Gary Peter Leventhal

Printed name

President

Position or relationship to debtor

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 1,749,807.31
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 1,749,807.31

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,678,642.95
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 27,922.60
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,860,362.24
4. Total liabilities Lines 2 + 3a + 3b	\$ 3,566,927.79

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Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Suntrust Bank (on the filing date of 12/05/19, this account was overdrawn by -\$2445.99)

3.1.

Checking**2533****\$0.00**3.2. **Chase Bank****Checking****1860****\$1,260.78****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,260.78**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$10,250.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1. Nissan NV200 VIN: 3N6CMOKN9DK696038		\$7,000.00	Kelley Bluebook	\$7,000.00
47.2. Nissan NV200, VIN: 3N6CMOKN1DK697071 in the possession of former employee, John Gosz, 2605 Rosemont Circle, Davenport, FL 33837		\$7,000.00	Kelley Bluebook	\$7,000.00
47.3. 2018 Ford F150 VIN: 1FTEW1E51JKE12433		Unknown	Market Value	\$40,000.00
47.4. 2014 Nissan Titan, VIN: 1N6BA0ED5EN501913 (Vehicle is currently in the possession of Lake County Tow, 15409 County Road 565A, Clermont, FL 34711)		\$15,336.00	Kelley Blue Book	\$15,336.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$69,336.00

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52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations Customer Management Contracts	\$900,000.00	market value	\$900,000.00

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$900,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

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debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Possible cause of action against Expo Credit, LLC**Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against International Property Group ("IPG")****Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against Executive Villas****Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against Ciirus, Inc.****Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against Samantha Longster****Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against Virgin Atlantic****Unknown**

Nature of claim

Amount requested **\$0.00****Possible cause of action against Eagle Management Company****Unknown**

Nature of claim

Amount requested **\$0.00**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

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78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,260.78	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$768,960.53	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$10,250.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$69,336.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$900,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,749,807.31	91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,749,807.31

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	American Express Merchant Creditor's Name PO Box 981535 El Paso, TX 79998 Creditor's mailing address Creditor's email address, if known Date debt was incurred 10/06/15 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All debtor's personal property Describe the lien UCC1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$110,770.00	\$1,736,000.00
2.2	Expo Credit Creditor's Name 1450 Brickel Ave Ste 2660 Miami, FL 33131 Creditor's mailing address Creditor's email address, if known Date debt was incurred 03/27/2013 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien All debtors personal property Describe the lien UCC1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$1,231,682.11	\$1,736,000.00

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Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Ford Motor Credit Co**

Creditor's Name

**PO Box 105704
Atlanta, GA 30348**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2018 Ford F150
VIN: 1FTEW1E51JKE12433****\$44,020.34****\$40,000.00**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Kia Motor Finance**

Creditor's Name

**PO Box 660891
Dallas, TX 75266-0891**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number
3956****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

2017 Kia Forte, VIN: 3KPFL4A72HE141532**Unknown****Unknown**

Describe the lien

Lease

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Kia Motors Finance**

Creditor's Name

**PO Box 660891
Dallas, TX 75266**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

2017 Kia Forte, VIN: 3KPFL4A77HE105612**Unknown****Unknown**

Describe the lien

Lease

Is the creditor an insider or related party?

☒ No☐ Yes

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Name

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Date debt was incurred

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

6614

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Mulligan Funding LLC**

Creditor's Name

**4715 Viewridge Ave Suite
100
San Diego, CA 92123**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

08/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All of Debtor's personal property**\$292,170.50****\$1,736,000.00**

Describe the lien

UCC1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Nissan Motor Accept Corp**

Creditor's Name

**PO Box 254648
Sacramento, CA
95865-4648**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2014 Nissan Titan, VIN: 1N6BA0ED5EN501913
(Vehicle is currently in the possession of
Lake County Tow, 15409 County Road 565A,
Clermont, FL 34711)****Unknown****\$15,336.00**

Describe the lien

Purchase Money Security

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,678,642.95

Debtor **Contempo Florida Holidays Limited Inc**
NameCase number (if known) **8:19-bk-11518-MGW****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.
2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>Florida Dept Revenue PO Box 6668 Tallahassee, FL 32314-6668</p> <hr/> <p>Date or dates debt was incurred 11/2019</p> <hr/> <p>Last 4 digits of account number 1843</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: sales and use tax for Osceola County</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$630.78</p> <hr/> <p>\$630.78</p> <hr/>
2.2	<p>Priority creditor's name and mailing address</p> <p>Florida Dept Revenue PO Box 6668 Tallahassee, FL 32314-6668</p> <hr/> <p>Date or dates debt was incurred 11/2019</p> <hr/> <p>Last 4 digits of account number 3755</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: sales and use tax for Polk County</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$23,470.74</p> <hr/> <p>\$23,470.74</p> <hr/>

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2.3	Priority creditor's name and mailing address Florida Dept Revenue PO Box 6668 Tallahassee, FL 32314-6668	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,821.08	\$3,821.08
Date or dates debt was incurred Last 4 digits of account number 8310 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: sales and use taxes for Lake County Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Informational Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Lake County Tax Collector 320 West Main Street Tavares, FL 32778	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Informational Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Osceola County Tax Collector 2501 E.Irlo Bronson Memorial Kissimmee, FL 34744	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Informational Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Name

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2.7 Priority creditor's name and mailing address

**Polk County Tax Collector
430 E. Main Street
Bartow, FL 33830**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:

For Informational Purposes Only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

**A. Abdily
2215 Victoria Dr
Davenport, FL 33894**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$865.42

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

**A. Appleton
16318 Magnolia Hill St
Clermont, FL 34714**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$128.71

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

**A. Ayodele
901 Charo PArkway #734
Davenport, FL 33896**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,777.75

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

**A. Bradford
510 Holling Head Loop
Davenport, FL 33896**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,634.06

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address

**A. Brimble
319 Robin Rd
Davenport, FL 33896**As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$12,950.09

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Contempo Florida Holidays Limited Inc		Case number (if known)	8:19-bk-11518-MGW
	Name			
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,722.78
	A. Chaudhary 300 Troon Circle Davenport, FL 33896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,880.25
	A. Davey 214 Kettering Road Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$14,692.08
	A. Hicks 733 Tuscan Hills Blvd Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$7,216.53
	A. Horne 15828 Heron Hill St Clermont, FL 34714	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,308.16
	A. Mantegazzi 2005 Rosemont Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$7,205.69
	A. Morales 901 Chard Parkway Unit 727 Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,318.82
	A. Riouy 2533 Rosemount Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Contempo Florida Holidays Limited Inc**
NameCase number (if known) **8:19-bk-11518-MGW**

3.13	Nonpriority creditor's name and mailing address A. Rojas 2595 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,044.50
3.14	Nonpriority creditor's name and mailing address A. Shamhs 432 Narthampton Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.12
3.15	Nonpriority creditor's name and mailing address A. Tavino 1687 Waterview Loop Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,501.15
3.16	Nonpriority creditor's name and mailing address Air Investments Inc 2760 Sun Key Pl Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.80
3.17	Nonpriority creditor's name and mailing address Almel Investments LLC 204 Birkdale St Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,006.79
3.18	Nonpriority creditor's name and mailing address Alph Centuri Enterprise LLC 7662 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,448.24
3.19	Nonpriority creditor's name and mailing address American Express Po Box 650448 Dallas, TX 75265 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00

Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.20	Nonpriority creditor's name and mailing address B Chohan 2609 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,813.10
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3.21	Nonpriority creditor's name and mailing address B, Marthi 253 Saragosa Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,364.43
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3.22	Nonpriority creditor's name and mailing address B. Dick 321 Troon Circle Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,564.01
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3.23	Nonpriority creditor's name and mailing address B. Harvey 800 Corvina Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,034.53
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3.24	Nonpriority creditor's name and mailing address B. Marthi 154 Savilla Av Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,651.55
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3.25	Nonpriority creditor's name and mailing address B. Rampersand 2360 Victoria Drive Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,272.86
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3.26	Nonpriority creditor's name and mailing address B. Small 422 Ballyshannin Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,405.38
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3.27	Nonpriority creditor's name and mailing address Broster Graham LLP 2613 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,400.00
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3.28	Nonpriority creditor's name and mailing address C P Okeefe LLC 622 Highgate Park Blvd Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,663.64
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3.29	Nonpriority creditor's name and mailing address C. Davila 16217 Egret Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,886.83
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3.30	Nonpriority creditor's name and mailing address C. Fornengo 2574 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,954.89
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3.31	Nonpriority creditor's name and mailing address C. Hella 15702 Heron Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,189.42
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3.32	Nonpriority creditor's name and mailing address C. Minetti 456 Higher Combe Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,711.94
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3.33	Nonpriority creditor's name and mailing address C. Robinson 15824 Heron Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.00
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Debtor	Contempo Florida Holidays Limited Inc		Case number (if known)	8:19-bk-11518-MGW
	Name			
3.34	Nonpriority creditor's name and mailing address Castagnolo Properties LLC 1895 Granger Ave Los Altos, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
3.35	Nonpriority creditor's name and mailing address CEPHEI LLC 2610 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$19,315.16
3.36	Nonpriority creditor's name and mailing address Contempo Property & Travel 43344 Highway 27 Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card usage for some of Debtor's expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$10,358.63
3.37	Nonpriority creditor's name and mailing address Contempo Real Estate, Inc. 43344 US Highway 27 Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card usage by Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$24,983.27
3.38	Nonpriority creditor's name and mailing address Cynthia Pablo Neme Golmajer 326 Orista Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$3,864.79
3.39	Nonpriority creditor's name and mailing address D Rawluk 1694 Waterview Loop Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$10,896.87
3.40	Nonpriority creditor's name and mailing address D. Appling 2918 Anninga Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$3,012.20

Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.41	Nonpriority creditor's name and mailing address D. Bannerman 2815 SP Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,101.31
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3.42	Nonpriority creditor's name and mailing address D. Cokayne 137 Parade Woods Pl Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,589.14
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3.43	Nonpriority creditor's name and mailing address D. Cooke 15813 Sour Root Ct Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.00
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3.44	Nonpriority creditor's name and mailing address D. Dorathy 321 Northampton Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,288.59
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3.45	Nonpriority creditor's name and mailing address D. Galloway 1254 Blackheath Court Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,386.99
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3.46	Nonpriority creditor's name and mailing address D. Hickey 16153 Magnola Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,933.23
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3.47	Nonpriority creditor's name and mailing address D. Holmes 135 Herring Street Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,582.76
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Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.48	Nonpriority creditor's name and mailing address D. Overare 2629 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,283.40
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3.49	Nonpriority creditor's name and mailing address D. Pullella 2200 Mallory Circle Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,001.78
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3.50	Nonpriority creditor's name and mailing address D. Remy 262 Reserve Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,926.56
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3.51	Nonpriority creditor's name and mailing address D. Roche 615 Majesty Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,708.28
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3.52	Nonpriority creditor's name and mailing address D. Sparkes 187 Blue Heron Ct. Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,260.70
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3.53	Nonpriority creditor's name and mailing address D. White 16049 Blossom Hill Loop Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$443.00
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3.54	Nonpriority creditor's name and mailing address Diamond Getaways LLC 966 Tuscan Hills Boulevard Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,383.88
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3.55	Nonpriority creditor's name and mailing address Donald Wherrett 7162 Montreal Drive Lakeland, FL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>personal credit cards used to pay for some of Debtor's expenses.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,798.58
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3.56	Nonpriority creditor's name and mailing address Dunes Property Management 1612 Forest Hills Lane Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,234.10
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3.57	Nonpriority creditor's name and mailing address E. Drik 1079 Tuscan Hills Blvd Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,239.81
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3.58	Nonpriority creditor's name and mailing address E. Gryffenberg 2554 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,543.79
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3.59	Nonpriority creditor's name and mailing address E. Herring 205 Vistaview Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,882.58
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3.60	Nonpriority creditor's name and mailing address E. Hughes 8911 Candy Palm Rd Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,431.53
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3.61	Nonpriority creditor's name and mailing address E. Jeyton 816 Chelsea Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,056.00
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Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.62	Nonpriority creditor's name and mailing address E. Post 2521 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,844.89
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3.63	Nonpriority creditor's name and mailing address E. Tolland 1524 Gulf Vue Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,077.06
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3.64	Nonpriority creditor's name and mailing address Eagle Management 209 Ambersweet Way Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120,653.56
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3.65	Nonpriority creditor's name and mailing address Earthrise Corporation 16155 Palmetto Hill Street Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,069.14
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3.66	Nonpriority creditor's name and mailing address Eleven Profit LLC 2630 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,425.00
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3.67	Nonpriority creditor's name and mailing address Executive Villas 1437 Deuce Circle Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,311.39
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3.68	Nonpriority creditor's name and mailing address F. Decastro 2058 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,237.00
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3.69	Nonpriority creditor's name and mailing address G. Clark 151 Aldridge Lane Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,088.91
3.70	Nonpriority creditor's name and mailing address G. Cordell 1418 Pine Ridge Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,994.58
3.71	Nonpriority creditor's name and mailing address G. Griffin 16128 Blossom Hill Loop Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,584.94
3.72	Nonpriority creditor's name and mailing address G. Hannah 2541 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,943.60
3.73	Nonpriority creditor's name and mailing address G. Lewis 355 Prestwick Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,024.87
3.74	Nonpriority creditor's name and mailing address G. McGregor 2197 Crofton Av Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$217.32
3.75	Nonpriority creditor's name and mailing address G. Mwangi 2570 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,971.09

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3.76	Nonpriority creditor's name and mailing address G. Ritchie 2807 Long Leaf Pine St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,730.32
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3.77	Nonpriority creditor's name and mailing address G. Taylor 2413 St Augustine Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,718.01
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3.78	Nonpriority creditor's name and mailing address G. Tebbutt 622 Orsta Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,711.30
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3.79	Nonpriority creditor's name and mailing address Geminis R Corporation 2618 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,764.04
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3.80	Nonpriority creditor's name and mailing address H. Am-nen 227 Robin Rd Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,179.45
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3.81	Nonpriority creditor's name and mailing address H. Lorenzino 904 Caar Parkway #522 Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,778.07
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3.82	Nonpriority creditor's name and mailing address H. Mortram 340 Bridgewater Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,957.02
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Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.83	Nonpriority creditor's name and mailing address H. Wilcox 1264 Blackheath Ct. Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,410.22
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3.84	Nonpriority creditor's name and mailing address HB Espinosa Corp 2505 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00
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3.85	Nonpriority creditor's name and mailing address Homes Of America 17445 Us Hwy 192 Ste 15 Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133,118.63
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3.86	Nonpriority creditor's name and mailing address I. Pepper 15533 Markham Dr Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,165.10
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3.87	Nonpriority creditor's name and mailing address I. Thompson 1030 Pineridge Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,136.50
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3.88	Nonpriority creditor's name and mailing address Ian Pardoe 1487 Scrub Jay Trail Frostproof, FL Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>personal credit cards used to pay for some of Debtor's expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,986.75
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3.89	Nonpriority creditor's name and mailing address Ian Smith 835 Bloomingdale Drive Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,515.77
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Debtor	Contempo Florida Holidays Limited Inc		Case number (if known)	8:19-bk-11518-MGW
Name				
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,875.00
	Integral Pool Service LLC	<input type="checkbox"/> Contingent		
	52 Riley Rd	<input type="checkbox"/> Unliquidated		
	Kissimmee, FL 34747	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$8,159.70
	J. Booth	<input type="checkbox"/> Contingent		
	16009 Blossom Hill Loop	<input type="checkbox"/> Unliquidated		
	Clermont, FL 34714	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,250.91
	J. Booth	<input type="checkbox"/> Contingent		
	207 Herring St	<input type="checkbox"/> Unliquidated		
	Davenport, FL 33896	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$35.00
	J. Brailsford	<input type="checkbox"/> Contingent		
	101 Purslane Pass	<input type="checkbox"/> Unliquidated		
	Davenport, FL 33897	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$95.73
	J. Cluter	<input type="checkbox"/> Contingent		
	15848 Heron Hill St	<input type="checkbox"/> Unliquidated		
	Clermont, FL 34714	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.95	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,606.84
	J. Colon	<input type="checkbox"/> Contingent		
	1027 Baumoral Dr	<input type="checkbox"/> Unliquidated		
	Davenport, FL 33896	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,573.24
	J. Elliott	<input type="checkbox"/> Contingent		
	2573 Rosemont Circle	<input type="checkbox"/> Unliquidated		
	Davenport, FL 33897	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: _		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.97	Nonpriority creditor's name and mailing address J. Frigerio 807 Troon Circle Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.00
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3.98	Nonpriority creditor's name and mailing address J. Gili-Ross 15962 Hern Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.16
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3.99	Nonpriority creditor's name and mailing address J. Hansen 902 Chard Parkway #636 Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.55
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3.100	Nonpriority creditor's name and mailing address J. Keating 1520 Gulf Vue Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,934.31
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3.101	Nonpriority creditor's name and mailing address J. Kungu 240 Mypolita Av Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,180.00
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3.102	Nonpriority creditor's name and mailing address J. Letizia 104 Terrace Ridge Circle Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,284.18
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3.103	Nonpriority creditor's name and mailing address J. Mesrobian 16213 Egret Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,330.16
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Name				
3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$94.00
	J. Quinn 2005 Ruby Red Blvd Clermont, FL 34714	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,400.00
	J. Robinson 2537 Rosemont Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$462.83
	J. Ross 208 Northampton Dr Davenport, FL 33896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,199.10
	J. Sheppard 1273 Northampton Dr Davenport, FL 33896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$10,723.29
	K. Dreibelbis 1144 Troon Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,732.76
	K. Garden 2912 Kokomo Loop Haines City, FL 33844	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$874.15
	K. Hollings 149 Summer Place Loop Clermont, FL 34714	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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3.111	Nonpriority creditor's name and mailing address K. Kelley 16012 Blossom Hill Loop Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.73
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3.112	Nonpriority creditor's name and mailing address K. Kelly 16017 Blossom Hill Loop Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,425.80
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3.113	Nonpriority creditor's name and mailing address K. Knipple 2139 Citron Ct. Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,633.65
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3.114	Nonpriority creditor's name and mailing address K. Long 2833 Sand Pine St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.00
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3.115	Nonpriority creditor's name and mailing address K. Oneil 2243 Mallory Circle Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,363.19
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3.116	Nonpriority creditor's name and mailing address K. Rowson 5246 Wildwood Way Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,363.92
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3.117	Nonpriority creditor's name and mailing address K. Taylor 16155 Egret Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320.80
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Debtor	Contempo Florida Holidays Limited Inc		Case number (if known)	8:19-bk-11518-MGW
Name				
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$22,110.83
	Kevorg Kechechian 8525 Sun Key Drive Kissimmee, FL 34747	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$39,570.89
	Key Enterprises, LLC 230 Preston Ave. Davenport, FL 33837	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: <u>vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,988.00
	Kissmar Sol Group LLC 2582 Rosemont Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.121	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$7,100.00
	KJB Holdings 8297 Champions Gate Blvd Ste 317 Davenport, FL 33896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.122	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,885.49
	L. Ausiello 2800 Long Leaf Clermont, FL 34714	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.123	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,814.75
	L. Romero 306 Orista Drive Davenport, FL 33896	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.124	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$11,427.60
	Lowes Po Box 530954 Atlanta, GA 30353	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.125	Nonpriority creditor's name and mailing address M Westlake 130 Balmoral Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,733.09
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3.126	Nonpriority creditor's name and mailing address M. Ayris 146 Mockingbird Rd Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,660.13
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3.127	Nonpriority creditor's name and mailing address M. Castillo 2245 Victoria Dr Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,936.22
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3.128	Nonpriority creditor's name and mailing address M. Charlwood 1200 Knollwood Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,428.08
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3.129	Nonpriority creditor's name and mailing address M. Connelly 626 Ellmae Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,196.87
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3.130	Nonpriority creditor's name and mailing address M. Farrell 2581 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,020.00
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3.131	Nonpriority creditor's name and mailing address M. Flynn 2997 Kokomo Loop Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,998.54
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Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.132	Nonpriority creditor's name and mailing address M. Foley 218 Northampton Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,704.72
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3.133	Nonpriority creditor's name and mailing address M. Friesen 2517 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,971.84
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3.134	Nonpriority creditor's name and mailing address M. Hsu 2205 Mallory Circle Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,655.34
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3.135	Nonpriority creditor's name and mailing address M. Kline 927 Bloomingdale Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,842.38
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3.136	Nonpriority creditor's name and mailing address M. Moskins 2251 Victoria Dr Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,810.45
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3.137	Nonpriority creditor's name and mailing address M. Parsonan 909 Orista Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,393.75
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3.138	Nonpriority creditor's name and mailing address M. Patel 518 Solana Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,960.40
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Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.139	Nonpriority creditor's name and mailing address M. Ridargd 421 Balley Circle Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,189.40
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3.140	Nonpriority creditor's name and mailing address M. Silva 205 Gleneagles Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,837.55
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3.141	Nonpriority creditor's name and mailing address M. Snook 8632 La Isla Dr Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,478.47
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3.142	Nonpriority creditor's name and mailing address M. Soaras 1030 5 A S Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,233.30
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3.143	Nonpriority creditor's name and mailing address M. Soares 202 Nottingham Way Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,555.13
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3.144	Nonpriority creditor's name and mailing address M. Sykes 204 Glenengles Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,687.81
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3.145	Nonpriority creditor's name and mailing address M. Weller 2131 Victoria Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,897.99
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Debtor Name	Case number (if known)	8:19-bk-11518-MGW
Contempo Florida Holidays Limited Inc Name 3.146 Nonpriority creditor's name and mailing address M.Tamimi 2653 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,050.00
3.147 Nonpriority creditor's name and mailing address Marlin Leasing 300 Fellowship Rd Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,053.58
3.148 Nonpriority creditor's name and mailing address N. Dalgard 110 Saragosa Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,396.77
3.149 Nonpriority creditor's name and mailing address N. Wasyliv 706 Kildrummy Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,064.04
3.150 Nonpriority creditor's name and mailing address N. Wilding 344 Reserve Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,305.63
3.151 Nonpriority creditor's name and mailing address Nan Pappys Properties Inc 2654 Rosemont Circle Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,448.21
3.152 Nonpriority creditor's name and mailing address Nora Given 305 Prestwick Drive Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,989.56

Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.153	Nonpriority creditor's name and mailing address P. Dejesus 655 Montarra Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,839.90
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3.154	Nonpriority creditor's name and mailing address P. Elkin 1813 Seedling Court Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,435.17
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3.155	Nonpriority creditor's name and mailing address P. Lyons 436 Aldridge Lane Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,801.58
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3.156	Nonpriority creditor's name and mailing address P. Mayoral 461 Robin Rd Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,217.94
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3.157	Nonpriority creditor's name and mailing address P. Scardinio 2625 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,643.20
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3.158	Nonpriority creditor's name and mailing address P. Towing 1332 Northampton Drive Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,112.21
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3.159	Nonpriority creditor's name and mailing address Petala LLC 2649 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,692.92
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Debtor Contempo Florida Holidays Limited Inc Name		Case number (if known) 8:19-bk-11518-MGW
3.160	Nonpriority creditor's name and mailing address Polk Air Conditioning Inc 103 Crosscreek Lane Auburndale, FL 33823 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,845.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address Progaud Solutions Group Po Box 2427 Winter Park, FL 32790 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,477.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address R Kyrup 1060 Solterra Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,489.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address R. Armstrong 1616 Forest Hill Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,669.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address R. Berbanc 2590 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,594.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address R. Bright 8424 Crystal Cove Loop Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$390.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address R. Gaines 1543 Gulf Vue Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,339.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.167 Nonpriority creditor's name and mailing address R. Gill 8426 Crystal Cove Loop Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,176.78
3.168 Nonpriority creditor's name and mailing address R. House 504 Ella Mae Dr FL 33297 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.07
3.169 Nonpriority creditor's name and mailing address R. Knight 640 Birkdale St Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,681.85
3.170 Nonpriority creditor's name and mailing address R. Mackinnon 16014 Heron Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$439.50
3.171 Nonpriority creditor's name and mailing address R. Markandy 129 Relfry Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,160.80
3.172 Nonpriority creditor's name and mailing address R. Plant 922 Henley Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.07
3.173 Nonpriority creditor's name and mailing address R. Pudepphatt 215 Elderberry Drive Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,523.15

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3.174	Nonpriority creditor's name and mailing address R. Willems 2143 Victoria Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$796.52
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3.175	Nonpriority creditor's name and mailing address Racetrack Po Box 6293 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,976.30
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3.176	Nonpriority creditor's name and mailing address Rafidnadardamband Islands 2566 Rosemont Circle Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,763.81
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3.177	Nonpriority creditor's name and mailing address Reeve Leventhal 7717 Pointview Circle Orlando, FL 32836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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3.178	Nonpriority creditor's name and mailing address Rigel Centauri Ent LLC 2646 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,396.74
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3.179	Nonpriority creditor's name and mailing address Ringtooth LLC 43344 Hwy 27 Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,593.92
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3.180	Nonpriority creditor's name and mailing address Rudre Property Investments 8565 Chrystal Cove Loop Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,877.00
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3.181 Nonpriority creditor's name and mailing address S. Abbas 152 Highgate Park Blvd Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,488.72
3.182 Nonpriority creditor's name and mailing address S. Bandalapalli 738 Scrub Jay Way Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,991.48
3.183 Nonpriority creditor's name and mailing address S. Brand 2586 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,233.13
3.184 Nonpriority creditor's name and mailing address S. Hammond 2562 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,461.37
3.185 Nonpriority creditor's name and mailing address S. Hawkinson 214 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,851.20
3.186 Nonpriority creditor's name and mailing address S. Jamgochian 3320 5H Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,279.11
3.187 Nonpriority creditor's name and mailing address S. Melamed 460 Balmoral Drive Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,320.24

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3.188	Nonpriority creditor's name and mailing address S. Pamdya 112 Hummingbird Dr Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$696.08
3.189	Nonpriority creditor's name and mailing address S. Patel 2621 Rosemount Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,315.00
3.190	Nonpriority creditor's name and mailing address S. Proctor 167 Amala Lane Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,966.70
3.191	Nonpriority creditor's name and mailing address S. Reily 253 Aldridge Lane Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,739.23
3.192	Nonpriority creditor's name and mailing address S. Rennie 2529 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,653.86
3.193	Nonpriority creditor's name and mailing address S. Shelikoff 2589 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,573.86
3.194	Nonpriority creditor's name and mailing address S. Wang 2214 Crofton Av Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.15

Debtor	Contempo Florida Holidays Limited Inc Name	Case number (if known)	8:19-bk-11518-MGW
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3.195	Nonpriority creditor's name and mailing address S. Wilkinston 2203 Crofton Av Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.61
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3.196	Nonpriority creditor's name and mailing address S. Yu 2561 Rosemont Circle Davenport, FL 33894-4000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,982.49
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3.197	Nonpriority creditor's name and mailing address Sarojini LLC 2414 St Augustine Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,263.71
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3.198	Nonpriority creditor's name and mailing address SG Magical Properties LLC 904 Charo Parkway #532 Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.57
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3.199	Nonpriority creditor's name and mailing address Shober Family Investments LL 3410 Swallow Hill St Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,834.56
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3.200	Nonpriority creditor's name and mailing address Sprk Enterprises 15801 Robin Hill Loop Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.16
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3.201	Nonpriority creditor's name and mailing address Sun Season International LLC 2197 Victoria Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,936.90
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Debtor Contempo Florida Holidays Limited Inc Name		Case number (if known) 8:19-bk-11518-MGW
3.202	Nonpriority creditor's name and mailing address T. Johnson 16009 Heron Hill Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,295.74
3.203	Nonpriority creditor's name and mailing address T. Knight 202 Starbird Ct Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,719.63
3.204	Nonpriority creditor's name and mailing address T. Mangra 2650 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$6,301.82
3.205	Nonpriority creditor's name and mailing address T. Woodcock 15902 Mercott Ct Clermont, FL 34714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,679.49
3.206	Nonpriority creditor's name and mailing address Tropical Escapes 8320 Champions Gate Blvd Davenport, FL 33896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$46,003.23
3.207	Nonpriority creditor's name and mailing address Tusani LLC 826 Highgate Park Blvd Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,987.10
3.208	Nonpriority creditor's name and mailing address U. Patel 1134 Mariner Cay Dr Haines City, FL 33844 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$812.32

Debtor	Contempo Florida Holidays Limited Inc		Case number (if known)	8:19-bk-11518-MGW
	Name			
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,102.02
	V'EH Cation Corporation 2569 Rosemont Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,632.82
	V. Angel 2136 Victoria Dr Davenport, FL 33837	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.211	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,974.95
	Vaadm LLC 2545 Rosemont Circle Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.212	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$22,995.37
	VBA USA LLC 7751 Kingspoint Parkway #109 Orlando, FL 32819	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.213	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$22,338.57
	Vidya Singh 334 Bonville Drive Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.214	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,901.54
	W. Davis 2341 Victoria Dr Davenport, FL 33897	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.215	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$8,113.10
	W. Mason 253 Solterra Lorida, FL 33857	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _ Last 4 digits of account number _	Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	8:19-bk-11518-MGW
3.216 Nonpriority creditor's name and mailing address W. Porter 8481 Crystal Cove Loop Kissimmee, FL 34747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$553.74
3.217 Nonpriority creditor's name and mailing address Waste Management Po Box 4648 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,224.78
3.218 Nonpriority creditor's name and mailing address William Hill 5253 Oakbourne Av Davenport, FL 33837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,266.79
3.219 Nonpriority creditor's name and mailing address Y. FERreira 2239 Victoria Dr. Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,692.53
3.220 Nonpriority creditor's name and mailing address Y. Liu 2509 Rosemont Circle Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,899.81
3.221 Nonpriority creditor's name and mailing address Y. Zmu 2142 Victoria Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,730.34
3.222 Nonpriority creditor's name and mailing address Yellets Enterprise LLC 6086 Broad Oak Dr Davenport, FL 33897 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,973.78

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **Contempo Florida Holidays Limited Inc**
NameCase number (if known) **8:19-bk-11518-MGW**

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?Last 4 digits of
account number, if
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>27,922.60</u>
5b. +	\$ <u>1,860,362.24</u>
5c.	\$ <u>1,888,284.84</u>

Fill in this information to identify the case:Debtor name **Contempo Florida Holidays Limited Inc**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **8:19-bk-11518-MGW**

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property***2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **7.5 year Office Lease**

State the term remaining

List the contract number of any government contract

Castagnolo Properties LLC
1895 Granger Ave
Los Altos, CA 94024

2.2. State what the contract or lease is for and the nature of the debtor's interest **10 months motor vehicle lease of 2017 Kia Forte, VIN: 3KPFL4A72HE141532**

State the term remaining

List the contract number of any government contract

Kia Motor Finance
PO Box 660891
Dallas, TX 75266-0891

2.3. State what the contract or lease is for and the nature of the debtor's interest **Vehicle lease of 2017 Kia Forte, VIN: 3KPFL4A77HE105612, maturity date is September 1, 2020**

State the term remaining

List the contract number of any government contract

Kia Motors Finance
Po BOx 660891
Dallas, TX 75266

2.4. State what the contract or lease is for and the nature of the debtor's interest **33 month Xerox Copiers**

State the term remaining

List the contract number of any government contract

Wells Fargo Financial Inc
800 Walnut St
Des Moines, IA 50309

Fill in this information to identify the case:Debtor name **Contempo Florida Holidays Limited Inc**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **8:19-bk-11518-MGW**
☒ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Donald Wherrett****7162 Montreal Drive
Lakeland, FL****Mulligan Funding LLC**
☒ D **2.6**
☐ E/F _____
☐ G _____
2.2 **Ian Pardoe****1487 Scrub Jay Trail
Frostproof, FL****Mulligan Funding LLC**
☒ D **2.6**
☐ E/F _____
☐ G _____

Fill in this information to identify the case:Debtor name Contempo Florida Holidays Limited IncUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 8:19-bk-11518-MGW
☒ Check if this is an amended filing
Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**
☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year
From the beginning of the fiscal year to filing date:
 From 1/01/2019 to **Filing Date**
Sources of revenue
 Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
 (before deductions and exclusions)
\$6,188,320.70
For prior year:
 From 1/01/2018 to 12/31/2018
☒ Operating a business

☐ Other _____
\$6,282,097.00
For year before that:
 From 1/01/2017 to 12/31/2017
☒ Operating a business

☐ Other _____
\$6,304,309.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.
Description of sources of revenue
Gross revenue from each source
 (before deductions and exclusions)
Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.
Creditor's Name and Address**Dates****Total amount of value**
Reasons for payment or transfer
Check all that apply

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Please see attached bank statements.		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

client's names, addresses and email addresses

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Personal Mini Storage, LLC 41040 Highway 27 Davenport, FL 33837	Ian Pardoe Gary Leventhal Samantha Longster	second hand office furniture and paperwork for the past 7 years.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

Name and address	Date of service From-To
26a.1. Quarter 5 2295 S. Hiawassee Road #411 Orlando, FL 32835	2010 to the present
26a.2. Rafael Rojas 12208 Sawgrass Reserve Blvd. Orlando, FL 32824	2010 to August 2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. Quarter 5 2295 S. Hiawassee Road #411 Orlando, FL 32835	2010-present
26b.2. Rafael Rojas 12208 Sawgrass Reserve Blvd. Orlando, FL 32824	2010 to August 2019

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Mulligan Funding, LLC 4715 Viewridge Ave #100 San Diego, CA 92123

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
ISRA, LLC	1487 Scrub Jay Trail Frostproof, FL	shareholder	33.3% ownership interest

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

Name	Address	Position and nature of any interest	% of interest, if any
Mar-Gar, LLC	8820 Bay Villa Court Orlando, FL	shareholder	33.3%
Name	Address	Position and nature of any interest	% of interest, if any
DYW, LLC	7162 Montreal Drive Lakeland, FL	shareholder	33.3%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	DYW, LLC 7162 Montreal Drive Lakeland, FL	\$2,000 per month	monthly	Management Fees
	Relationship to debtor shareholder			
30.2	ISRA, LLC 1487 Scrub Jay Trail Frostproof, FL	\$2,000 per month	monthly	Management Fees
	Relationship to debtor shareholder			
30.3	Mar-Gar, LLC 8820 Bay Villa Court Orlando, FL	\$2,000 per month	monthly	Management Fees
	Relationship to debtor shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Debtor **Contempo Florida Holidays Limited Inc**Case number (if known) **8:19-bk-11518-MGW**

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 26, 2020**

/s/ Gary Peter Leventhal

Signature of individual signing on behalf of the debtor

Gary Peter Leventhal

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

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09/30/2019



Account Statement

CONTEMPO FLORIDA HOLIDAYS
LIMITED INC
43344 HIGHWAY 27
DAVENPORT FL 33837-6816

Questions? Please call
1-800-786-8787

Account Summary	Account Type	Account Number	Statement Period
	SELECT BUSINESS CHECKING	2533	09/01/2019 - 09/30/2019

Description	Amount	Description	Amount
Beginning Balance	\$206,900.28	Average Balance	\$75,179.15
Deposits/Credits	\$102,417.66	Average Collected Balance	\$74,047.32
Checks	\$101,145.01	Number of Days in Statement Period	30
Withdrawals/Debits	\$200,913.97		
Ending Balance	\$7,258.96		

Overdraft Protection	Account Number	Protected By
	1000170702533	Not enrolled
For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft .		

Deposits/Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	09/06	4,425.26		DEPOSIT	09/26	2,145.00		DEPOSIT
	09/16	6,118.51		DEPOSIT	09/26	17,000.00		DEPOSIT
	09/20	7,667.79		DEPOSIT	09/26	900.00		DEPOSIT
	09/25	2,111.07		DEPOSIT				
	09/03	65.00		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	09/03	65.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/03	325.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/03	455.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/04	649.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/05	1,876.54		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/06	397.80		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/09	116.55		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/09	180.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/09	455.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/10	195.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/11	457.00		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	09/11	2,410.35		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/12	941.49		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/13	702.70		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	09/16	65.00		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	09/16	650.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

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2533
09/30/2019



Account Statement

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	09/16	735.00		ELECTRONIC/ACH CREDIT				
	09/16	1,672.00		MERCHANT BANKCD DEPOSIT 496214165888				
	09/17	2,467.84		ELECTRONIC/ACH CREDIT				
	09/18	17,035.26		MERCHANT BANKCD DEPOSIT 496214165888				
	09/19	1,474.28		ELECTRONIC/ACH CREDIT				
	09/19	2,694.92		MERCHANT BANKCD DEPOSIT 496214165888				
	09/20	712.60		ELECTRONIC/ACH CREDIT				
	09/23	65.00		MERCHANT BANKCD DEPOSIT 496214165888				
	09/23	130.00		ELECTRONIC/ACH CREDIT				
	09/23	351.75		MERCHANT BANKCD DEPOSIT 496214165888				
	09/23	390.00		ELECTRONIC/ACH CREDIT				
	09/24	1,452.18		MERCHANT BANKCD DEPOSIT 496214165888				
	09/25	1,000.10		ELECTRONIC/ACH CREDIT				
	09/26	578.53		MERCHANT BANKCD DEPOSIT 496214165888				
	09/26	2,817.00		ELECTRONIC/ACH CREDIT				
	09/27	3,467.22		MERCHANT BANKCD DEPOSIT 496214165888				
	09/30	1,232.68		ELECTRONIC/ACH CREDIT				
	09/30	1,779.99		MERCHANT BANKCD DEPOSIT 496214165888				
	09/30	1,987.25		ELECTRONIC/ACH CREDIT				
	09/30	10,000.00		MERCHANT BANKCD DEPOSIT 496214165888				
				INCOMING FEDWIRE CR TRN #016901				
Deposits/Credits: 44				Total Items Deposited: 18				

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	19410	742.75	09/03	*19737	1,000.00	09/03	19759	190.00	09/09
	*19414	1,600.00	09/09	*19739	1,317.31	09/09	19760	96.00	09/09
	*19574	10,799.95	09/12	*19741	1,715.10	09/03	19761	660.00	09/09
	*19636	2,380.00	09/04	19742	6,000.00	09/09	19762	80.00	09/06
	*19675	1,338.60	09/10	19743	1,000.00	09/05	19763	288.00	09/11
	19676	10,235.50	09/09	19744	3,221.50	09/09	19764	210.00	09/11
	*19690	340.00	09/03	19745	2,284.00	09/05	19765	938.20	09/16
	19691	504.00	09/03	19746	2,454.00	09/13	*19769	3,289.00	09/30
	*19695	1,050.00	09/16	19747	905.65	09/06	*19772	96.00	09/27
	*19700	1,554.36	09/03	19748	992.00	09/05	19773	359.00	09/30
	*19702	29.30	09/03	19749	250.00	09/06	19774	241.00	09/27
	19703	210.00	09/20	19750	607.00	09/05	19775	222.00	09/30
	*19714	9,910.40	09/06	19751	598.00	09/16	*19777	405.50	09/30
	*19719	10,935.30	09/04	19752	63.00	09/06	19778	210.00	09/27
	19720	5,202.84	09/10	19753	303.00	09/10	19779	812.50	09/30
	*19722	4,203.60	09/04	19754	73.00	09/10	*19782	15.00	09/27
	19723	200.50	09/06	19755	520.00	09/10	19783	812.50	09/30
	*19727	1,265.15	09/03	19756	178.00	09/06	19784	240.00	09/30
	19728	100.00	09/03	19757	1,047.00	09/09	19785	480.00	09/30
	19729	1,494.00	09/03	19758	111.00	09/10	*19787	495.00	09/27

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Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	*19790	1,494.00	09/30	19791	775.50	09/26

Checks: 62

* Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	09/03	451.45		ELECTRONIC/ACH DEBIT FLORIDA BLUE FL BLUE 49372873
	09/03	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN083019 190830160440774
	09/03	838.89		ELECTRONIC/ACH DEBIT WASTE MANAGEMENT INTERNET 043000096273178
	09/03	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019245000004493
	09/03	2,117.45		ELECTRONIC/ACH DEBIT MERCHANT BANKCD DEPOSIT 496214165888
	09/03	2,297.87		ELECTRONIC/ACH DEBIT MERCHANT BANKCD DEPOSIT 496214165888
	09/04	147.25		ELECTRONIC/ACH DEBIT AUTHNET GATEWAY BILLING 107958226
	09/04	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN090319 190903162250938
	09/04	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019246000004480
	09/04	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1115359
	09/05	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN090419 190904162805801
	09/05	69.57		ELECTRONIC/ACH DEBIT AMERICAN EXPRESS 4096614086 4096614086
	09/05	700.00		ELECTRONIC/ACH DEBIT QUARTER5 LLC SALE
	09/05	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019247000004479
	09/05	1,000.00		ELECTRONIC/ACH DEBIT QUARTER5 LLC SALE
	09/05	7,009.88		ELECTRONIC/ACH DEBIT AMEX EPAYMENTACH PMT V7388
	09/06	40,000.00		OUTGOING FEDWIRE DR TRN #012895
	09/06	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN090519 190905163215865
	09/06	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019248000004440
	09/09	541.45		CHECK CARD PURCHASE TR DATE 09/06 STAPLES DIRECT 800-3333330 MA
	09/09	230.09		ELECTRONIC/ACH DEBIT Sumter Electric WEB PMTS XDRX6C
	09/09	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN090619 190906144746897
	09/09	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019251000004383
	09/10	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN090919 190909154556546
	09/10	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019252000004364
	09/11	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091019 190910165127364
	09/11	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019253000004316
	09/11	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1121354

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Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	09/12	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091119 190911163030997
	09/12	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019254000004282
	09/13	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091219 190912133441758
	09/13	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019255000004239
	09/13	3,159.00		ELECTRONIC/ACH DEBIT INDIGOSKYS GROUP SALE
	09/16	559.08		CHECK CARD PURCHASE TR DATE 09/14 COMCAST/XFINITY 800-266-2278 FL
	09/16	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091319 190913162459401
	09/16	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019258000004177
	09/17	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091619 190916163550736
	09/17	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019259000004167
	09/18	292.50		CHECK CARD PURCHASE TR DATE 09/17 SQ *SQ *MARK DEBOLLA GOSQ.COM FL
	09/18	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091719 190917162526236
	09/18	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019260000004153
	09/18	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1127347
	09/19	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091819 190918115505508
	09/19	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019261000004090
	09/20	336.00		ACCOUNT ANALYSIS FEE
	09/20	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN091919 190919162644250
	09/20	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019262000004057
	09/23	57.75		CHECK CARD PURCHASE TR DATE 09/20 POLK PROP TAX PMT BARTOW FL
	09/23	17.99		RECURRING CHECK CARD PURCHASE TR DATE 09/21 STAMPS.COM 855-608-2677 CA
	09/23	195.08		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT S0028
	09/23	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092019 190920143044383
	09/23	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019265000003963
	09/23	1,190.89		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT S8374
	09/23	2,686.11		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT S9514
	09/23	2,780.38		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT S3338
	09/23	8,483.21		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT S6810
	09/24	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092319 190923163848730
	09/24	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019266000003963
	09/25	242.75		CHECK CARD PURCHASE TR DATE 09/25 POLK COUNTY UTILITIES 800-301-6039 FL

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Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	09/25	563.13		ELECTRONIC/ACH DEBIT WEX INC FLEET DEBI 9100004454100
	09/25	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092419 190924162556241
	09/25	681.00		ELECTRONIC/ACH DEBIT CHASE CREDIT CRD EPAY 4316376305
	09/25	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019267000003916
	09/25	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1133389
	09/26	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092519 190925160009543
	09/26	379.38		ELECTRONIC/ACH DEBIT WASTE MANAGEMENT INTERNET 043000091472100
	09/26	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019268000003881
	09/27	60,834.72		OUTGOING FEDWIRE DR TRN #019396
	09/27	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092619 190926164215914
	09/27	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019269000003845
	09/30	326.50		CHECK CARD PURCHASE TR DATE 09/28 SPEEDPAY:DUKE-ENERGY 866-316-3360 NC
	09/30	286.00		POINT OF SALE DEBIT TR DATE 09/30 CTS FRONTIER PHONE PAY ROCHESTER NY 002
	09/30	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN092719 190927161038029
	09/30	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019272000003734
	09/30	25.00		MAINTENANCE FEE
Withdrawals/Debits: 75				

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	09/01	206,900.28	206,900.28	09/17	49,449.75	49,449.75
	09/03	191,801.18	191,801.18	09/18	56,824.23	56,824.23
	09/04	165,415.75	165,415.75	09/19	59,434.65	59,434.65
	09/05	152,071.06	152,071.06	09/20	65,710.26	58,043.26
	09/06	103,747.79	101,722.79	09/23	49,676.82	49,676.82
	09/09	77,801.71	77,801.71	09/24	49,570.22	49,570.22
	09/10	68,889.49	68,889.49	09/25	41,826.23	39,715.23
	09/11	61,890.56	61,890.56	09/26	62,553.10	61,653.10
	09/12	50,473.32	50,473.32	09/27	2,569.82	2,569.82
	09/13	44,004.24	44,004.24	09/30	7,258.96	7,258.96
	09/16	48,540.69	46,672.69			

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.

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Account Statement

CONTEMPO FLORIDA HOLIDAYS
LIMITED INC
43344 HIGHWAY 27
DAVENPORT FL 33837-6816

Questions? Please call
1-800-786-8787

Account Summary	Account Type	Account Number	Statement Period
	SELECT BUSINESS CHECKING	2533	10/01/2019 - 10/31/2019

Description	Amount	Description	Amount
Beginning Balance	\$7,258.96	Average Balance	\$12,407.38
Deposits/Credits	\$250,237.39	Average Collected Balance	\$12,232.09
Checks	\$24,561.40	Number of Days in Statement Period	31
Withdrawals/Debits	\$218,702.37		
Ending Balance	\$14,232.58		

Overdraft Protection	Account Number	Protected By
	1000170702533	Not enrolled
For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft .		

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	10/18	487.30		DEPOSIT	10/22	3,734.55		DEPOSIT
	10/21	2,241.78		DEPOSIT	10/24	1,092.66		DEPOSIT
	10/01	265.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/02	3,776.35		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/03	884.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/04	308.65		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/04	976.80		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	10/07	715.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/07	1,046.49		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/07	2,707.79		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/08	65.00		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	10/08	228.09		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/09	971.39		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/10	1,055.49		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	10/10	4,545.22		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/10	147,020.75		INCOMING FEDWIRE CR TRN #016728				
	10/11	194.99		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/15	65.00		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
	10/15	455.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
	10/15	623.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				

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Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	10/15	1,046.25		ELECTRONIC/ACH CREDIT				
	10/15	2,297.03		MERCHANT BANKCD DEPOSIT 496214165888				
	10/16	260.00		ELECTRONIC/ACH CREDIT				
	10/17	3,267.88		MERCHANT BANKCD DEPOSIT 496214165888				
	10/18	8,150.27		ELECTRONIC/ACH CREDIT				
	10/21	65.00		MERCHANT BANKCD DEPOSIT 496214165888				
	10/21	195.00		ELECTRONIC/ACH CREDIT				
	10/21	541.20		AMERICAN EXPRESS 4096614086 4096614086				
	10/21	2,679.77		ELECTRONIC/ACH CREDIT				
	10/22	7,125.17		MERCHANT BANKCD DEPOSIT 496214165888				
	10/23	602.86		ELECTRONIC/ACH CREDIT				
	10/23	10,516.96		AMERICAN EXPRESS 4096614086 4096614086				
	10/24	2,876.01		ELECTRONIC/ACH CREDIT				
	10/25	709.99		MERCHANT BANKCD DEPOSIT 496214165888				
	10/28	195.00		ELECTRONIC/ACH CREDIT				
	10/28	815.00		AMERICAN EXPRESS 4096614086 4096614086				
	10/28	937.07		ELECTRONIC/ACH CREDIT				
	10/28	2,000.00		MERCHANT BANKCD DEPOSIT 496214165888				
	10/28	2,391.72		ELECTRONIC/ACH CREDIT				
	10/28	4,223.26		AMERICAN EXPRESS 4096614086 4096614086				
	10/28	10,000.00		ELECTRONIC/ACH CREDIT				
	10/29	800.00		INCOMING FEDWIRE CR TRN #000799				
	10/30	2,076.09		INCOMING FEDWIRE CR TRN #016506				
	10/30	10,000.00		ELECTRONIC/ACH CREDIT				
	10/31	496.86		MERCHANT BANKCD DEPOSIT 496214165888				
	10/31	2,508.70		ELECTRONIC/ACH CREDIT				
				AMERICAN EXPRESS 4096614086 4096614086				
				ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				

Deposits/Credits: 48

Total Items Deposited: 6

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	19724	262.05	10/21	*19788	386.50	10/01	19804	565.00	10/24
	*19766	2,500.00	10/03	19789	222.00	10/01	19805	440.00	10/25
	19767	1,800.00	10/16	*19792	198.14	10/01	19806	1,052.00	10/25
	19768	2,223.44	10/02	*19798	3,505.58	10/22	19807	691.00	10/24
	*19776	165.00	10/01	19799	826.00	10/16	19808	392.00	10/28
	*19780	169.00	10/02	19800	645.00	10/25	19809	479.00	10/24
	19781	101.00	10/01	19801	361.00	10/25	19810	1,003.00	10/28
	*19786	210.00	10/01	*19803	584.00	10/24	19811	240.00	10/25

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Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	*19813	2,641.69	10/24	19814	554.00	10/25	19815	2,345.00	10/30

Checks: 27

* Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	10/01	50.00		CHECK CARD PURCHASE TR DATE 09/30
	10/01	324.00		USPS POSTAGE STAMPS.C 888-434-0055 CA
	10/01	57.75		CHECK CARD PURCHASE TR DATE 09/30
	10/01	57.75		CTS*FRONTIER PHONE PAY 800-921-8101 CT
	10/01	672.62		ELECTRONIC/ACH DEBIT
	10/01	57.75		PNP BILLPAYMENT 092719EK 64641756-5001
	10/01	672.62		ELECTRONIC/ACH DEBIT
	10/01	886.16		PNP BILLPAYMENT 092719EK 64641558-5001
	10/01	886.16		ELECTRONIC/ACH DEBIT
	10/02	115.95		MARLIN BUSINESS LOAN093019 190930153302248
	10/02	451.45		ELECTRONIC/ACH DEBIT
	10/02	451.45		AMEX - DEBIT ACH DEBITACH 019273000003732
	10/02	672.62		ELECTRONIC/ACH DEBIT
	10/02	672.62		AUTHNET GATEWAY BILLING 108340593
	10/02	672.62		ELECTRONIC/ACH DEBIT
	10/02	886.16		FLORIDA BLUE FL BLUE50268526
	10/02	886.16		ELECTRONIC/ACH DEBIT
	10/02	886.16		MARLIN BUSINESS LOAN100119 191001164251669
	10/02	886.16		ELECTRONIC/ACH DEBIT
	10/02	38.00		AMEX - DEBIT ACH DEBITACH 019274000003722
	10/03	672.62		RETURNED ITEM FEE
	10/03	672.62		ELECTRONIC/ACH DEBIT
	10/03	886.16		MARLIN BUSINESS LOAN100219 191002161713877
	10/03	886.16		ELECTRONIC/ACH DEBIT
	10/03	886.16		AMEX - DEBIT ACH DEBITACH 019275000003662
	10/03	38.00		RETURNED ITEM FEE
	10/04	672.62		ELECTRONIC/ACH DEBIT
	10/04	672.62		MARLIN BUSINESS LOAN100319 191003160926151
	10/04	886.16		ELECTRONIC/ACH DEBIT
	10/04	886.16		AMEX - DEBIT ACH DEBITACH 019276000003613
	10/04	38.00		OVERDRAFT ITEM FEE
	10/07	25.00		ELECTRONIC/ACH DEBIT
	10/07	90.24		MULLIGAN LOANS PAYMENT 1142166
	10/07	90.24		ELECTRONIC/ACH DEBIT
	10/07	90.24		AMERICAN EXPRESS 4096614086 4096614086
	10/07	672.62		ELECTRONIC/ACH DEBIT
	10/07	672.62		MARLIN BUSINESS LOAN100419 191004153524488
	10/07	886.16		ELECTRONIC/ACH DEBIT
	10/07	886.16		AMEX - DEBIT ACH DEBITACH 019279000003565
	10/07	38.00		RETURNED ITEM FEE
	10/08	672.62		ELECTRONIC/ACH DEBIT
	10/08	672.62		MARLIN BUSINESS LOAN100719 191007153331244
	10/08	886.16		ELECTRONIC/ACH DEBIT
	10/08	886.16		AMEX - DEBIT ACH DEBITACH 019280000003541
	10/09	672.62		ELECTRONIC/ACH DEBIT
	10/09	672.62		MARLIN BUSINESS LOAN100819 191008163833109
	10/09	886.16		ELECTRONIC/ACH DEBIT
	10/09	886.16		AMEX - DEBIT ACH DEBITACH 019281000003538
	10/09	38.00		RETURNED ITEM FEE
	10/10	672.62		ELECTRONIC/ACH DEBIT
	10/10	672.62		MARLIN BUSINESS LOAN100919 191009163222151
	10/10	886.16		ELECTRONIC/ACH DEBIT
	10/10	886.16		AMEX - DEBIT ACH DEBITACH 019282000003472
	10/11	145,000.00		OUTGOING FEDWIRE DR TRN #005067

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Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	10/11	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101019 191010162938594
	10/11	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019283000003445
	10/15	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101119 191011140124922
	10/15	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019287000003390
	10/16	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101519 191015164352499
	10/16	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019288000003352
	10/16	38.00		RETURNED ITEM FEE
	10/17	150.61		CHECK CARD PURCHASE TR DATE 10/16 STAPLES DIRECT 800-3333330 MA
	10/17	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101619 191016161841032
	10/17	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019289000003359
	10/18	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101719 191017160605133
	10/18	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019290000003296
	10/21	220.00		ACCOUNT ANALYSIS FEE
	10/21	73.53		CHECK CARD PURCHASE TR DATE 10/17 POLK PROP TAX PMT BARTOW FL
	10/21	17.99		RECURRING CHECK CARD PURCHASE TR DATE 10/21 STAMPS.COM 855-608-2677 CA
	10/21	25.00		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1153548
	10/21	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN101819 191018124117017
	10/21	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019293000003218
	10/21	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1153547
	10/22	308.17		POINT OF SALE DEBIT TR DATE 10/22 Frontier Stamford CT 1140
	10/22	172.39		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT W0206
	10/22	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102119 191021170432881
	10/22	1,456.11		ELECTRONIC/ACH DEBIT CITI PAYMENT PAYMENT 203099550458946
	10/22	139.82		ELECTRONIC/ACH DEBIT CenturyLink SPEEDPAY 311729502
	10/22	139.82		ELECTRONIC/ACH DEBIT CenturyLink SPEEDPAY 312310351
	10/22	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019294000003226
	10/23	8.15		CHECK CARD PURCHASE TR DATE 10/23 SPECTRUM855-707-7328 FL
	10/23	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102219 191022163150115
	10/23	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019295000003239
	10/23	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1157190
	10/24	18.23		CHECK CARD PURCHASE TR DATE 10/24 SUMMIT BROADBAND 4079968900 FL
	10/24	56.44		CHECK CARD PURCHASE TR DATE 10/24 SUMMIT BROADBAND 4079968900 FL

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Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	10/24	51.99		CHECK CARD PURCHASE TR DATE 10/24 SUMMIT BROADBAND 4079968900 FL
	10/24	28.96		CHECK CARD PURCHASE TR DATE 10/24 SUMMIT BROADBAND 4079968900 FL
	10/24	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102319 191023161859882
	10/24	686.42		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT W4110
	10/24	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH019296000003175
	10/25	397.81		POINT OF SALE DEBIT TR DATE 10/24 Frontier Stamford CT 1140
	10/25	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102419 191024163754890
	10/25	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH019297000003146
	10/28	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102519 191025164418482
	10/28	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH019300000003064
	10/29	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102819 191028163357248
	10/29	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH019301000003069
	10/30	324.69		CHECK CARD PURCHASE TR DATE 10/30 POLK COUNTY UTILITIES 800-301-6039 FL
	10/30	390.92		CHECK CARD PURCHASE TR DATE 10/30 COMCAST/XFINITY 800-266-2278 FL
	10/30	236.27		CHECK CARD PURCHASE TR DATE 10/30 COMCAST/XFINITY 800-266-2278 FL
	10/30	120.82		CHECK CARD PURCHASE TR DATE 10/30 COMCAST/XFINITY 800-266-2278 FL
	10/30	192.48		CHECK CARD PURCHASE TR DATE 10/30 COMCAST/XFINITY 800-266-2278 FL
	10/30	133.24		CHECK CARD PURCHASE TR DATE 10/30 COMCAST/XFINITY 800-266-2278 FL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	338.81		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	445.50		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	391.85		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	158.61		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	246.34		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	407.45		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL

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	10/30	337.04		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	324.94		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	125.90		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	112.91		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	471.61		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	357.97		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	291.69		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	311.97		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	325.82		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	104.49		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	2.25		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC SER NORTHBROOK IL
	10/30	218.81		CHECK CARD PURCHASE TR DATE 10/29 FBS* UTILITIES INC NORTHBROOK IL
	10/30	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1163728
	10/30	74.17		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486358
	10/30	89.01		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486368
	10/30	97.21		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486363
	10/30	100.62		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486365
	10/30	111.42		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486367
	10/30	116.62		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486361
	10/30	142.42		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486366
	10/30	241.37		ELECTRONIC/ACH DEBIT Utilities Inc FBS* Utilit
	10/30	287.88		ELECTRONIC/ACH DEBIT FPUC/EZ-PAYUTILITY 4486364

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Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	10/30	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN102919 191029163442951
	10/30	727.00		ELECTRONIC/ACH DEBIT Sanctuary at Wes Assn Dues14178478-eCheck
	10/30	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019302000003066
	10/31	29.88		CHECK CARD PURCHASE TR DATE 10/30 B2P*TOHO WATER AUTHORI 877-767-6148 FL
	10/31	27.52		CHECK CARD PURCHASE TR DATE 10/30 B2P*TOHO WATER AUTHORI 877-767-6148 FL
	10/31	97.30		CHECK CARD PURCHASE TR DATE 10/30 ADT SECURITY*201514601800-238-2727 FL
	10/31	94.52		CHECK CARD PURCHASE TR DATE 10/30 ADT SECURITY*201859092800-238-2727 FL
	10/31	96.28		CHECK CARD PURCHASE TR DATE 10/30 ADT SECURITY*202370831800-238-2727 FL
	10/31	103.02		CHECK CARD PURCHASE TR DATE 10/30 ADT SECURITY*203128851800-238-2727 FL
	10/31	189.52		CHECK CARD PURCHASE TR DATE 10/30 ADT SECURITY*068896110800-238-2727 FL
	10/31	477.76		CHECK CARD PURCHASE TR DATE 10/31 POLK COUNTY UTILITIES 800-301-6039 FL
	10/31	174.71		CHECK CARD PURCHASE TR DATE 10/31 POLK COUNTY UTILITIES 800-301-6039 FL
	10/31	2.25		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC SER NORTHBROOK IL
	10/31	246.75		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC NORTHBROOK IL
	10/31	1.99		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC SER NORTHBROOK IL
	10/31	13.49		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC NORTHBROOK IL
	10/31	2.25		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC SER NORTHBROOK IL
	10/31	393.46		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC NORTHBROOK IL
	10/31	2.25		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC SER NORTHBROOK IL
	10/31	255.08		CHECK CARD PURCHASE TR DATE 10/30 FBS* UTILITIES INC NORTHBROOK IL
	10/31	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN103019 191030162545087
	10/31	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019303000002979
	10/31	25.00		MAINTENANCE FEE

Withdrawals/Debits: 147

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	10/01	4,193.04	4,193.04	10/16	4,418.45	4,418.45
	10/02	3,412.77	3,412.77	10/17	5,976.94	5,976.94
	10/03	199.99	199.99	10/18	13,055.73	12,568.73
	10/04	111.34	111.34	10/21	8,811.63	8,572.63
	10/07	2,645.92	2,645.92	10/22	12,390.68	8,656.68
	10/08	1,380.23	1,380.23	10/23	14,134.07	14,134.07
	10/09	754.84	754.84	10/24	10,741.23	10,741.23
	10/10	151,817.52	151,817.52	10/25	6,202.63	6,202.63
	10/11	5,453.73	5,453.73	10/28	23,810.90	23,810.90
	10/15	8,381.23	8,381.23	10/29	23,052.12	23,052.12

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Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	10/30	15,018.83	15,018.83	10/31	14,232.58	14,232.58

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.

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Account Statement

CONTEMPO FLORIDA HOLIDAYS
LIMITED INC
43344 HIGHWAY 27
DAVENPORT FL 33837-6816

Questions? Please call
1-800-786-8787

Important: Fee Changes.

SunTrust Bank completed an annual review of treasury and payment services pricing. As of January 1, 2020, fees will change for some treasury and payment services, including changes to the billing methodology for Cash Vault services. Visit www.suntrust.com/2020pricingchanges for a full list of impacted services. SunTrust has reviewed all service descriptions and definitions for Deposit and Treasury Management fees for accuracy. Details of the changes can be found at www.suntrust.com/2020ServiceCodes.

Account Summary	Account Type	Account Number	Statement Period
	SELECT BUSINESS CHECKING	2533	11/01/2019 - 11/30/2019

Description	Amount	Description	Amount
Beginning Balance	\$14,232.58	Average Balance	\$5,471.94
Deposits/Credits	\$86,115.53	Average Collected Balance	\$4,756.31
Checks	\$22,346.05	Number of Days in Statement Period	30
Withdrawals/Debits	\$75,949.55		
Ending Balance	\$2,052.51		

Overdraft Protection	Account Number	Protected By
	1000170702533	Not enrolled
For more information about SunTrust's Overdraft Services, visit www.suntrust.com/overdraft .		

Deposits/Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	11/01	1,611.52		DEPOSIT	11/12	12,217.20		DEPOSIT
	11/05	5,283.00		DEPOSIT	11/26	5,441.19		DEPOSIT
	11/01	695.04		ELECTRONIC/ACH CREDIT				
	11/01	1,528.04		MERCHANT BANKCD DEPOSIT 496214165888				
	11/04	619.00		ELECTRONIC/ACH CREDIT				
	11/04	1,878.57		AMERICAN EXPRESS 4096614086 4096614086				
	11/04	2,054.12		ELECTRONIC/ACH CREDIT				
	11/05	1,794.44		MERCHANT BANKCD DEPOSIT 496214165888				
	11/06	3,963.66		ELECTRONIC/ACH CREDIT				
	11/07	3,572.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/08	2,428.79		ELECTRONIC/ACH CREDIT				
	11/12	455.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/12	1,056.15		ELECTRONIC/ACH CREDIT				
	11/12	1,065.84		MERCHANT BANKCD DEPOSIT 496214165888				
	11/12	1,097.00		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				

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Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	11/12	2,494.97		ELECTRONIC/ACH CREDIT				
	11/13	355.00		AMERICAN EXPRESS 4096614086 4096614086				
	11/13	2,940.60		ELECTRONIC/ACH CREDIT				
	11/14	1,000.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/15	2,058.99		ELECTRONIC/ACH CREDIT				
	11/18	4,494.84		AMERICAN EXPRESS 4096614086 4096614086				
	11/18	239.00		ELECTRONIC/ACH CREDIT				
	11/18	380.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/18	390.00		ELECTRONIC/ACH CREDIT				
	11/18	608.89		MERCHANT BANKCD DEPOSIT 496214165888				
	11/18	5,638.30		ELECTRONIC/ACH CREDIT				
	11/19	65.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/19	2,336.00		INCOMING FEDWIRE CR TRN #000846				
	11/19	3,360.95		ELECTRONIC/ACH CREDIT				
	11/20	456.63		AMERICAN EXPRESS 4096614086 4096614086				
	11/20	3,477.00		ELECTRONIC/ACH CREDIT				
	11/21	988.06		MERCHANT BANKCD DEPOSIT 496214165888				
	11/22	60.00		REVERSAL OF ELECTRONIC/ACH DEBIT				
	11/22	554.00		ELECTRONIC/ACH CREDIT				
	11/25	65.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/25	325.00		ELECTRONIC/ACH CREDIT				
	11/25	1,538.00		AMERICAN EXPRESS 4096614086 4096614086				
	11/25	2,198.86		ELECTRONIC/ACH CREDIT				
	11/26	265.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/27	995.00		ELECTRONIC/ACH CREDIT				
	11/27	1,428.00		MERCHANT BANKCD DEPOSIT 496214165888				
	11/29	65.00		ELECTRONIC/ACH CREDIT				
	11/29	130.00		AMERICAN EXPRESS 4096614086 4096614086				
	11/29	446.88		ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
				ELECTRONIC/ACH CREDIT				
				MERCHANT BANKCD DEPOSIT 496214165888				
				ELECTRONIC/ACH CREDIT				
				LEGOLAND VACATIO PAYMENT JNL 10023				

Deposits/Credits: 46

Total Items Deposited: 10

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	19802	104.00	11/06	19818	625.50	11/04	19822	625.00	11/04
	*19812	210.00	11/08	19819	606.50	11/04	19823	414.00	11/06
	*19816	776.00	11/01	19820	327.00	11/04	19824	750.00	11/01
	19817	192.00	11/04	19821	689.00	11/04	19825	419.00	11/04

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Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	19826	480.00	11/04	19833	689.00	11/22	*19843	551.50	11/29
	19827	500.00	11/13	*19835	160.00	11/22	*19845	519.00	11/29
	19828	900.00	11/13	19836	500.00	11/25	19846	511.00	11/29
	19829	6,000.00	11/13	*19839	618.00	11/29	19847	429.00	11/29
	19830	614.00	11/15	19840	516.50	11/29	*19850	570.00	11/29
	19831	182.05	11/15	19841	395.00	11/29	19851	1,000.00	11/29
	19832	1,473.00	11/18						

Checks: 31

* Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	11/01	229.61		CHECK CARD PURCHASE TR DATE 10/31 SPEEDPAY:DUKE-ENERGY 866-316-3360 NC
	11/01	310.23		CHECK CARD PURCHASE TR DATE 10/31 SPEEDPAY:DUKE-ENERGY 866-316-3360 NC
	11/01	262.32		CHECK CARD PURCHASE TR DATE 10/31 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/01	356.48		CHECK CARD PURCHASE TR DATE 10/31 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/01	4,884.11		OVER-THE-COUNTER WITHDRAWAL
	11/01	2,335.60		ELECTRONIC/ACH DEBIT AMEX EPAYMENT ACH PMT W2666
	11/01	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN103119 191031165539823
	11/01	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019304000002935
	11/04	32.75		CHECK CARD PURCHASE TR DATE 11/02 POLK COUNTY UTILITIES 800-301-6039 FL
	11/04	433.39		CHECK CARD PURCHASE TR DATE 11/02 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/04	114.75		ELECTRONIC/ACH DEBIT AUTHNET GATEWAY BILLING 109137473
	11/04	451.45		ELECTRONIC/ACH DEBIT FLORIDA BLUE FL BLUE51271047
	11/04	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN110119 191101164937955
	11/04	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019307000002870
	11/04	1,458.15		ELECTRONIC/ACH DEBIT MERCHANT BANKCD DEPOSIT 496214165888
	11/05	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN120419 191104164340748
	11/05	189.02		ELECTRONIC/ACH DEBIT AMERICAN EXPRESS 4096614086 4096614086
	11/05	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019308000002862
	11/06	356.15		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	335.79		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	437.09		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	375.11		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	388.13		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	394.31		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	293.91		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT

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	11/06	327.77		CHECK CARD PURCHASE TR DATE 11/05 CTS*FRONTIER ONLINEPAY 800-921-8101 CT
	11/06	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN110519 191105165602077
	11/06	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019309000002849
	11/06	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1170247
	11/06	38.00		OVERDRAFT ITEM FEE
	11/07	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN110619 191106164906696
	11/07	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019310000002767
	11/08	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN110719 191107133041059
	11/08	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019311000002736
	11/12	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN110819 191108161150122
	11/12	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019315000002684
	11/13	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111219 191112163706414
	11/13	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019316000002639
	11/13	7,809.50		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 1175484
	11/14	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111319 191113162621175
	11/14	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019317000002648
	11/15	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111419 191114145940724
	11/15	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019318000002594
	11/18	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111519 191115155630407
	11/18	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019321000002513
	11/19	10,000.00		ONLINE BANKING TRANSFER TO 0175 1000170702574
	11/19	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111819 191118142543538
	11/19	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019322000002524
	11/19	3,360.95		ELECTRONIC/ACH DEBIT SAGE SOFTWARE COLLECTION
	11/20	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN111919 191119162313992
	11/20	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019323000002485
	11/21	200.00		ACCOUNT ANALYSIS FEE
	11/21	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN112019 191120163453408
	11/21	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019324000002440
	11/22	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN112119 191121163224370
	11/22	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019325000002375
	11/25	672.62		ELECTRONIC/ACH DEBIT MARLIN BUSINESS LOAN112219 191122163706224

SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183

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36/E00/0175/0/11
2533
11/30/2019



Account Statement

Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	11/25	886.16		ELECTRONIC/ACH DEBIT AMEX - DEBIT ACH DEBITACH 019328000002376
	11/27	3,900.00		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT L2U6KSKZDKT1Z7Y
	11/27	3,900.00		ELECTRONIC/ACH DEBIT MULLIGAN LOANS PAYMENT 21P4STH86J5ADWD
	11/29	25.00		MAINTENANCE FEE
Withdrawals/Debits: 61				

Balance Activity History	Date	Balance	Collected Balance	Date	Balance	Collected Balance
	11/01	6,604.05	4,993.05	11/18	13,495.79	13,495.79
	11/04	3,142.47	3,142.47	11/19	4,338.01	4,338.01
	11/05	8,472.11	8,472.11	11/20	6,712.86	6,712.86
	11/06	396.77-	396.77-	11/21	5,942.14	5,942.14
	11/07	1,616.45	1,616.45	11/22	4,148.36	4,148.36
	11/08	2,276.46	2,276.46	11/25	6,216.44	6,216.44
	11/12	19,103.84	6,886.84	11/26	11,922.63	7,503.63
	11/13	5,631.16	5,631.16	11/27	6,545.63	6,545.63
	11/14	5,072.38	5,072.38	11/29	2,052.51	2,052.51
	11/15	4,776.54	4,776.54			

The Ending Daily Balances provided do not reflect pending transactions or holds that may have been outstanding when your transactions posted that day. If your available balance wasn't sufficient when transactions posted, fees may have been assessed.



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

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CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.
43344 HIGHWAY 27
DAVENPORT FL 33837-6816



Good news! We're making it easier to get a replacement account number if your account is compromised.

Starting November 17, 2019, if your account is compromised, we can simply issue you a replacement account number without the hassle of closing your existing account and opening a new one. This will allow you to continue using your existing debit card.

We've updated our Deposit Account Agreement to explain this change:

We can assign and transfer your account information and documentation to a replacement account number at our discretion. We may make this assignment when your account is reported compromised by you or any signer. If we issue you a replacement account number, this Deposit Account Agreement governing you and your account will continue to apply, without interruption, as if you retained the discontinued account number.

Please call us at the number at the top of this statement if you have any questions.

CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$316,423.37
Deposits and Additions	6	662,329.69
Checks Paid	213	-944,081.37
Electronic Withdrawals	6	-34,731.00
Fees	1	-10.00
Ending Balance	226	-\$69.31

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.



August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
09/06	Book Transfer Credit B/O: Suntrust Bank Bene-D By Fed Orlando FL 32809-6213 Org:/1000170702533 Contempo Florida Holidays Ogb: Aba/061000104 Suntrust Bank Trn: 2440209249Ez	\$40,000.00
09/10	Chips Credit Via: Bank of America, N.A./0959 B/O: Virgin Holidays Limited Crawley Rh10 1Ww Gb Ref: Nbnf=Contempo Florida Holidays Limited, Davenport, FL 338376816/Ac-000 000005195 Org=/4426242710 Crawley R H10 1Ww Gb Ogb=Bank of America, N.A. New York NY Obi=PID P222480 10285 741 Inv 183 39520 18339650 1833976 Ssn: 0333389 Trn: 7171400253Fc	215,422.01
09/16	Chips Credit Via: Bank of America, N.A./0959 B/O: Virgin Holidays Limited Crawley Rh10 1Ww Gb Ref: Nbnf=Contempo Florida Holidays Limited, Davenport, FL 338376816/Ac-000 000005195 Org=/4426242710 Crawley R H10 1Ww Gb Ogb=Bank of America, N.A. New York NY Obi=PID P222751 10285 763 Inv 183 45437 18345522 1834564 Ssn: 0168340 Trn: 3649500259Fc	106,800.59
09/16	Chips Credit Via: Bank of America, N.A./0959 B/O: Virgin Holidays Limited Crawley Rh10 1Ww Gb Ref: Nbnf=Contempo Florida Holidays Limited, Davenport, FL 338376816/Ac-000 000005195 Org=/4426242710 Crawley R H10 1Ww Gb Ogb=Bank of America, N.A. New York NY Obi=PID P222881 10285 821 Inv 183 44095 18344230 1834432 Ssn: 0168338 Trn: 3649300259Fc	106,201.55
09/23	Chips Credit Via: Bank of America, N.A./0959 B/O: Virgin Holidays Limited Crawley Rh10 1Ww Gb Ref: Nbnf=Contempo Florida Holidays Limited, Davenport FL 33837-6816 US/Ac- 000000005195 Org=/4426242710 Crawle Y Rh10 1Ww Gb Ogb=Bank of America, N.A. New York NY US Obi=PID P223304 10285847 Inv 183 45602 18345808 18 Ssn: 0199893 Trn: 4798500266Fc	141,207.99
09/30	Chips Credit Via: Bank of America, N.A./0959 B/O: Virgin Holidays Limited Crawley Rh10 1Ww Gb Ref: Nbnf=Contempo Florida Holidays Limited, Davenport FL 33837-6816 US/Ac- 000000005195 Org=/4426242710 Crawle Y Rh10 1Ww Gb Ogb=Bank of America, N.A. New York NY US Obi=PID P223826 10285920 Inv 183 40668 18340923 18 Ssn: 0249243 Trn: 5498400273Fc	52,697.55
Total Deposits and Additions		\$662,329.69

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1002 ^		09/03	\$1,161.60
1004 * ^		09/06	1,960.00
1005 ^		09/06	1,960.00
1007 * ^		09/05	11,360.94
1008 ^		09/06	2,482.20
1009 ^		09/04	1,951.60
1010 ^		09/20	1,742.00
1011 ^		09/04	3,740.00
1012 ^		09/05	7,216.65
1013 ^		09/12	39,576.73
1014 ^		09/03	2,500.00
1015 ^		09/04	702.74
1016 ^		09/03	7,584.00
1017 ^		09/03	2,924.80
1018 ^		09/03	4,977.94
1021 * ^		09/03	496.50
1022 ^		09/03	308.00
1023 ^		09/05	60.50
1027 * ^		09/03	486.00
1029 * ^		09/03	255.00
1035 * ^		09/03	140.00
1037 * ^		09/03	210.00



August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1039 * ^		09/04	760.00
1040 ^		09/05	2,176.00
1041 ^		09/04	576.00
1042 ^		09/05	241.82
1043 ^		09/05	132.00
1044 ^		09/05	848.63
1045 ^		09/05	1,258.75
1046 ^		09/09	135.00
1047 ^		09/03	222.00
1048 ^		09/06	1,107.25
1049 ^		09/03	386.50
1050 ^		09/03	1,923.12
1051 ^		09/04	299.00
1054 * ^		09/03	12,135.16
1056 * ^		09/03	1,006.42
1057 ^		09/10	50.00
1061 * ^		09/19	2,278.00
1062 ^		09/09	1,709.00
1063 ^		09/20	1,142.89
1064 ^		09/26	1,397.98
1065 ^		09/20	947.20
1066 ^		09/26	636.97
1068 * ^		09/19	1,337.98
1069 ^		09/20	1,269.00
1070 ^		09/19	1,268.99
1071 ^		09/19	1,299.79
1072 ^		09/19	1,400.00
1073 ^		09/23	54.98
1074 ^		09/23	1,073.60
1075 ^		09/19	1,268.99
1076 ^		09/20	1,066.97
1077 ^		09/19	1,400.00
1078 ^		09/20	1,121.00
1079 ^		09/13	888.29
1080 ^		09/10	18.99
1081 ^		09/10	1,127.93
1082 ^		09/09	905.29
1083 ^		09/30	749.85
1084 ^		09/11	1,368.49
1085 ^		09/11	1,072.33
1086 ^		09/11	1,271.74
1087 ^		09/10	1,904.57
1088 ^		09/06	767.86
1089 ^		09/06	1,210.01
1090 ^		09/09	963.28
1091 ^		09/06	998.80
1092 ^		09/10	1,184.01
1093 ^		09/06	1,337.31
1094 ^		09/26	914.09
1095 ^		09/06	872.55



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August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1096 ^		09/06	1,168.72
1097 ^		09/10	1,427.09
1098 ^		09/12	24,706.99
1099 ^		09/10	1,680.00
1101 * ^		09/06	14,044.80
1102 ^		09/12	700.00
1103 ^		09/11	1,951.60
1104 ^		09/04	1,368.50
1105 ^		09/10	17,577.20
1106 ^		09/05	7,579.65
1108 * ^		09/03	20,889.62
1109 ^		09/03	26,906.69
1111 * ^		09/06	11,411.00
1112 ^		09/03	3,000.00
1113 ^		09/04	3,000.00
1115 * ^		09/06	4,500.00
1116 ^		09/09	33,426.90
1117 ^		09/06	19,996.04
1118 ^		09/09	3,516.00
1119 ^		09/18	4,031.50
1120 ^		09/20	16,622.09
1121 ^		09/06	8,317.40
1122 ^		09/10	14,548.22
1123 ^		09/09	20,994.02
1125 * ^		09/09	11,008.67
1126 ^		09/11	59.61
1127 ^		09/10	207.36
1128 ^		09/12	166.52
1129 ^		09/16	48.14
1130 ^		09/16	46.00
1131 ^		09/23	42.79
1132 ^		09/11	446.89
1133 ^		09/11	50.89
1134 ^		09/11	279.58
1135 ^		09/11	140.00
1136 ^		09/09	551.72
1137 ^		09/09	143.94
1138 ^		09/09	6,601.62
1139 ^		09/10	3,379.01
1140 ^		09/13	4,000.18
1141 ^		09/11	892.97
1142 ^		09/12	746.50
1143 ^		09/16	190.00
1145 * ^		09/13	446.00
1146 ^		09/13	270.00
1147 ^		09/16	202.00
1148 ^		09/13	173.00
1149 ^		09/16	315.00
1150 ^		09/16	439.50
1151 ^		09/16	207.00



August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1152 ^		09/23	53.00
1153 ^		09/16	262.00
1154 ^		09/13	449.50
1155 ^		09/13	384.00
1156 ^		09/16	210.00
1157 ^		09/16	238.50
1158 ^		09/16	1,230.09
1159 ^		09/19	1,300.00
1160 ^		09/11	2,000.00
1161 ^		09/11	4,754.58
1162 ^		09/20	3,484.86
1163 ^		09/10	1,500.00
1164 ^		09/17	3,300.00
1165 ^		09/16	2,000.00
1166 ^		09/17	4,630.92
1167 ^		09/11	3,000.00
1168 ^		09/11	2,610.95
1169 ^		09/16	2,000.00
1170 ^		09/11	1,500.00
1171 ^		09/11	516.40
1172 ^		09/11	498.01
1173 ^		09/13	3,096.19
1174 ^		09/16	1,000.00
1175 ^		09/16	1,333.78
1176 ^		09/16	450.00
1177 ^		09/17	1,999.17
1178 ^		09/16	1,931.30
1179 ^		09/24	42.79
1180 ^		09/16	254.06
1181 ^		09/17	3,753.95
1182 ^		09/19	1,775.76
1183 ^		09/18	1,940.94
1184 ^		09/16	116.31
1185 ^		09/19	31.15
1186 ^		09/12	9,291.60
1187 ^		09/19	9,502.50
1188 ^		09/16	16,993.53
1189 ^		09/18	11,631.70
1190 ^		09/20	25,570.15
1191 ^		09/17	10,091.80
1192 ^		09/26	1,910.00
1193 ^		09/18	14,587.28
1194 ^		09/16	27,410.70
1195 ^		09/16	34,045.38
1196 ^		09/24	150.00
1197 ^		09/18	34,698.91
1198 ^		09/13	6,000.00
1199 ^		09/23	6,000.00
1201 * ^		09/13	4,000.00
1203 * ^		09/16	11,380.00





August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1204 ^		09/20	3,237.19
1205 ^		09/16	10,000.00
1206 ^		09/19	657.00
1207 ^		09/19	156.00
1209 * ^		09/20	1,061.00
1210 ^		09/20	676.00
1211 ^		09/24	192.00
1212 ^		09/23	203.00
1213 ^		09/20	457.50
1214 ^		09/23	102.00
1215 ^		09/24	525.50
1216 ^		09/24	147.00
1217 ^		09/20	154.00
1218 ^		09/20	578.50
1219 ^		09/23	492.00
1220 ^		09/23	260.00
1221 ^		09/23	210.00
1222 ^		09/25	395.00
1223 ^		09/30	39.38
1224 ^		09/24	953.83
1225 ^		09/26	5,716.57
1226 ^		09/23	3,107.81
1227 ^		09/30	500.00
1228 ^	09/20	09/20	2,492.50
1230 * ^		09/23	1,183.17
1231 ^		09/20	5,141.30
1232 ^		09/27	8,946.00
1233 ^		09/23	4,245.51
1235 * ^		09/30	980.00
1236 ^		09/23	10,217.21
1237 ^		09/23	8,115.80
1238 ^		09/20	23,970.87
1241 * ^		09/23	35,148.71
1243 * ^		09/26	765.23
1244 ^		09/26	43,894.72
1254 * ^		09/24	3,124.61
1309 * ^		09/30	26,642.09
1320 * ^		09/27	6,876.92
1321 ^		09/27	112.00
1331 * ^		09/30	1,631.50
1360 * ^		09/30	4,157.69

Total Checks Paid**\$944,081.37**

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.



August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
09/06	09/06 Online Transfer To Chk ...0112 Transaction#: 8619268516	\$3,500.00
09/11	09/11 Online Transfer To Chk ...0112 Transaction#: 8634153418	3,231.00
09/20	09/20 Online Transfer To Chk ...0112 Transaction#: 8665898575	5,000.00
09/27	09/27 Online Transfer To Chk ...8520 Transaction#: 8686131023	5,000.00
09/30	09/30 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Contempo Florida Holidays Davenport FL 33837 US Ref:/Acc/Org CR Pty Aba/063102152 Suntrust Bank 900 E Semoran Blvd Imad: 0930B1Qgc05C021741 Trn: 6076500273Es	10,000.00
09/30	09/30 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Contempo Real Estate Davenport FL 33837 US Ref:/Acc/Org CR Pty Aba/063102152 Suntrust Bank 900 E Semoran Blvd Imad: 0930B1Qgc01C019786 Trn: 6767700273Es	8,000.00
Total Electronic Withdrawals		\$34,731.00

FEES

DATE	DESCRIPTION	AMOUNT
09/05	Service Charges For The Month of August	\$10.00
Total Fees		\$10.00

DAILY ENDING BALANCE

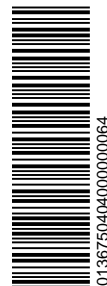
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
09/03	\$228,910.02	09/12	140,022.11	09/23	81,634.86
09/04	216,512.18	09/13	120,314.95	09/24	76,499.13
09/05	185,627.24	09/16	221,013.80	09/25	76,104.13
09/06	149,993.30	09/17	197,237.96	09/26	20,868.57
09/09	70,037.86	09/18	130,347.63	09/27	-66.35
09/10	240,855.49	09/19	106,671.47	09/30	-69.31
09/11	215,210.45	09/20	10,936.45		

SERVICE CHARGE SUMMARY

Monthly Service Fee	\$0.00
Other Service Charges	\$10.00
Total Service Charges	\$10.00 Will be assessed on 10/3/19

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee Waived	0			\$95.00	\$0.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	6	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	215	500	0	\$0.40	\$0.00
Electronic Credits					
Domestic Incoming Wire Fee	5	Unlimited	0	\$15.00	\$0.00
Miscellaneous Fees					
Online Domestic Wire Fee	2	4	0	\$25.00	\$0.00
Cash Management Services					
Debit Block Maintenance	1	0	1	\$10.00	\$10.00
Subtotal Other Service Charges (Will be assessed on 10/3/19)					\$10.00





August 31, 2019 through September 30, 2019

Account Number: [REDACTED] 1860

SERVICE CHARGE DETAIL (continued)

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
ACCOUNT 000000519571860					
Other Service Charges:					
Electronic Credits					
Electronic Credits	6				
Credits					
Non-Electronic Transactions	215				
Electronic Credits					
Domestic Incoming Wire Fee	5				
Miscellaneous Fees					
Online Domestic Wire Fee	2				
Cash Management Services					
Debit Block Maintenance	1				

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

October 01, 2019 through October 31, 2019

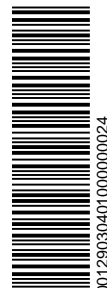
Account Number: [REDACTED] 1860

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

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CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.
43344 HIGHWAY 27
DAVENPORT FL 33837-6816



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CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		-\$69.31
Deposits and Additions	6	746,676.61
Checks Paid	102	-539,636.29
Electronic Withdrawals	26	-172,452.18
Fees	1	-10.00
Ending Balance	135	\$34,508.83

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.



October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
10/11	Book Transfer Credit B/O: Suntrust Bank Bene-D By Fed Orlando FL 32809-6213 US Org:/1000170702533 Contempo Florida Holidays Ogb: Aba/061000104 Suntrust Bank Trn: 2283209284Ez	\$145,000.00
10/16	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1016K3B75B1C000296 Trn: 7386909289Ff	171,484.91
10/22	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1022K3B75B1C000180 Trn: 5251809295Ff	140,512.72
10/25	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1025K3B75B1C000130 Trn: 5023209298Ff	130,116.38
10/29	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1029K3B75B1C000229 Trn: 6866909302Ff	159,112.60
10/29	Online Transfer From Chk ...8520 Transaction#: 8798306002	450.00
Total Deposits and Additions		\$746,676.61

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1060 ^		10/15	\$410.85
1229 * ^		10/23	1,095.60
1252 * ^		10/01	29.30
1297 * ^		10/15	1,500.00
1300 * ^		10/11	624.00
1302 * ^		10/18	164.00
1303 ^		10/11	1,009.28
1334 * ^		10/28	647.56
1336 * ^		10/16	1,908.08
1337 ^		10/17	1,500.00
1346 * ^		10/30	100.00
1347 ^		10/31	385.00
1348 ^		10/31	385.00
1349 ^		10/31	385.00
1350 ^		10/31	385.00
1351 ^		10/31	385.00
1352 ^		10/31	385.00
1353 ^		10/31	385.00
1354 ^		10/31	385.00
1355 ^		10/31	385.00
1356 ^		10/31	385.00
1357 ^		10/31	899.00
1358 ^		10/31	899.00
1393 * ^		10/11	161.00
1394 ^		10/15	293.00
1395 ^		10/11	541.00
1396 ^		10/11	675.00
1397 ^		10/11	392.00



October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1398 ^		10/11	757.00
1399 ^		10/11	649.00
1400 ^		10/15	292.00
1401 ^		10/11	645.00
1402 ^		10/11	781.00
1403 ^		10/11	4,602.43
1404 ^		10/11	2,889.58
1405 ^		10/11	1,389.00
1407 * ^		10/11	13,208.77
1408 ^	10/11	10/11	924.95
1409 ^		10/11	18,728.75
1410 ^		10/11	11,792.09
1411 ^		10/15	2,916.20
1412 ^		10/11	6,938.00
1413 ^		10/11	8,694.00
1414 ^		10/11	4,923.48
1415 ^		10/15	2,500.00
1416 ^		10/11	890.00
1417 ^		10/11	320.00
1418 ^		10/15	240.00
1419 ^		10/15	210.00
1420 ^		10/15	492.00
1421 ^		10/11	7,778.55
1422 ^		10/16	1,591.00
1423 ^		10/11	1,368.50
1424 ^		10/11	9,060.00
1425 ^		10/18	25,570.15
1426 ^		10/17	1,250.50
1427 ^		10/18	580.00
1428 ^		10/18	419.00
1429 ^		10/18	402.00
1430 ^		10/18	511.50
1431 ^		10/18	287.00
1432 ^		10/22	562.00
1433 ^		10/18	695.50
1434 ^		10/18	291.00
1435 ^		10/17	565.00
1436 ^		10/18	569.00
1437 ^		10/21	516.00
1438 ^		10/22	210.00
1439 ^		10/18	697.00
1440 ^		10/18	9,000.00
1441 ^		10/18	3,100.00
1442 ^		10/23	3,000.00
1443 ^		10/24	2,990.14
1445 * ^		10/29	5,000.00
1446 ^		10/23	3,000.00
1447 ^		10/23	5,000.00
1448 ^		10/25	5,000.00
1449 ^		10/24	11,889.00



10129030402000000064



October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1450 ^		10/24	1,312.57
1451 ^		10/24	3,090.27
1453 * ^		10/29	4,532.15
1454 ^		10/28	14,627.99
1455 ^		10/25	18,636.01
1456 ^		10/28	46,000.00
1458 * ^		10/25	40,000.00
1460 * ^		10/28	25,000.00
1461 ^		10/25	8,000.00
1462 ^		10/25	21,527.44
1463 ^		10/25	14,472.56
1519 * ^		10/31	1,474.31
1523 * ^		10/31	5,375.86
1524 ^		10/31	12,294.85
1525 ^		10/31	15,345.92
1527 * ^		10/31	6,796.96
9200 * ^		10/17	9,797.25
9201 ^		10/17	20,994.02
9202 ^		10/18	2,703.57
9203 ^		10/17	12,024.60
9204 ^		10/22	907.20
9205 ^		10/17	35,238.00
9207 * ^		10/17	9,000.00
9208 ^		10/17	8,100.00

Total Checks Paid **\$539,636.29**

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
10/11	10/11 Online Domestic Wire Transfer Via: Bk Amer Nyc/026009593 A/C: Mulligan Funding LLC San Diego CA 92101 US Ref:/Bnf/Contempo Florida Holidays Imad: 1011B1Qgc04C014620 Trn: 4921400284Es	\$7,809.50
10/11	10/11 Online Domestic Wire Transfer Via: Trustco Bank/063192450 A/C: Mar Gar LLC Orlando FL 32836 US Imad: 1011B1Qgc08C007935 Trn: 4916100284Es	6,000.00
10/11	10/11 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Croft International LLC Davenport FL 33837 US Imad: 1011B1Qgc03C008012 Trn: 5505000284Es	18,570.13
10/15	10/12 Online Transfer To Chk ...8520 Transaction#: 8743882847	2,500.00
10/17	10/17 Online Transfer To Chk ...8520 Transaction#: 8760050258	2,500.00
10/18	10/18 Domestic Wire Transfer Via: Bank of America, N.A./0959 A/C: Barnett Bank of Jacksonville Jacksonville FL 32256-0708 US Ben: Mickey Management LLC Ref: Bookings Ssn: 0174464 Trn: 5864200290Es	8,000.00
10/18	10/18 Transfer To Chk Xxxxxx4904	3,339.50
10/18	Dlx For Business Bus Prod 02046065557128 CCD ID: 1411877307	429.50
10/22	10/22 Online Transfer To Chk ...8520 Transaction#: 8777284006	500.00
10/23	10/23 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Trinet Hr Xi Inc Dublin CA 94568 US Ref: Payroll Funding, October 2019 For Contempo 6676, Reprint 6050988/Time/11:07 Imad: 1023B1Qgc01C006839 Trn: 4129700296Es	41,060.34



October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
10/25	10/25 Payment To Chase Card Ending IN 3930	740.00
10/28	10/28 Online ACH Payment 5232587651 To Mickey Management Linda Brown (_#####7843)	2,940.15
10/28	10/28 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Contempo Florida Holidays Davenport FL 33837 US Ref:/Acc/Org CR Pty Aba/063102152 Suntrust Bank 900 E Semoran Blvd Imad: 1028B1Qgc06C031074 Trn: 6579500301Es	10,000.00
10/29	10/29 Online Transfer To Chk ...8520 Transaction#: 8800137495	450.00
10/30	10/30 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Graham Mcgreggor Davenport FL 33837 US Ref: Contempo Florida Holidays Owner Payment/Acc/Org CR Pty Aba/063102152 S Untrust Bank 900 E Semoran Blvd Imad: 1030B1Qgc02C005110 Trn: 4106600303Es	4,087.93
10/30	10/30 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Contempo Florida Holidays Davenport FL 33837 US Ref:/Acc/Org CR Pty Aba/063102152 Suntrust Bank 900 E Semoran Blvd Imad: 1030B1Qgc08C010507 Trn: 4368300303Es	10,000.00
10/30	10/30 Online Transfer To Chk ...8520 Transaction#: 8802267952	3,000.00
10/30	10/30 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Executive Villas Davenport FL 33896 US Ref:/Acc/Org CR Pty Aba/063102152 Suntrust Bank 900 E Semoran Blvd Imad: 1030B1Qgc01C008912 Trn: 4772400303Es	12,124.83
10/30	10/30 Online Domestic Wire Transfer Via: Oculina Bank FL/067092556 A/C: Stuart Brand Davenport FL 33837 US Ref: Contempo Owner Payment Imad: 1030B1Qgc07C010633 Trn: 6077700303Es	1,316.22
10/31	10/31 Online Transfer To Chk ...8520 Transaction#: 8806396810	5,000.00
10/31	10/31 Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Dyw LLC Ref: Per Agreement/Acc/Org CR Pty Aba/063107513 Wellsfargo Bank, National A Ssociat 174 5 E Nine Mile Rd/Time/1 1:32 Imad: 1031B1Qgc04C011507 Trn: 4834700304Es	3,000.00
10/31	10/31 Online ACH Payment 5232924977 To Sam Longster (_#####7910)	5,300.00
10/31	10/31 Online ACH Payment 5232927206 To Omayra Crespo Trash Collection (_#####5603)	1,866.00
10/31	10/31 Online Domestic Wire Transfer Via: Trustco Bank/063192450 A/C: Mar Gar LLC Orlando FL 32836 US Ref: Contempo Man. Fee Imad: 1031B1Qgc05C015984 Trn: 5311000304Es	3,000.00
10/31	10/31 Online ACH Payment 5232936509 To Claire Jarrett (_#####5101)	1,000.00
10/31	10/31 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Croft International LLC Davenport FL 33837 US Imad: 1031B1Qgc03C017829 Trn: 6461000304Es	17,918.08
Total Electronic Withdrawals		\$172,452.18

FEES

DATE	DESCRIPTION	AMOUNT
10/03	Service Charges For The Month of September	\$10.00
Total Fees		\$10.00

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
10/01	-\$98.61	10/18	11,673.07	10/25	98,793.04
10/03	-108.61	10/21	11,157.07	10/28	-422.66
10/11	12,769.38	10/22	149,490.59	10/29	149,157.79
10/15	1,415.33	10/23	96,334.65	10/30	118,528.81
10/16	169,401.16	10/24	77,052.67	10/31	34,508.83
10/17	68,431.79				



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October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

SERVICE CHARGE SUMMARY

Monthly Service Fee	\$95.00	
Other Service Charges	\$1,347.00	
Total Service Charges	\$1,442.00	Will be assessed on 11/5/19

You were assessed a monthly service fee on your Chase Platinum Business Checking account because you did not maintain the required relationship balance.

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee	1			\$95.00	\$95.00
Accident Forgiveness					
Insufficient Funds/Overdraft Item Retd	34	1	33	\$34.00	\$1,122.00
Insufficient Funds/Overdraft Item Paid	1	1	0	\$34.00	\$0.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	5	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	117	500	0	\$0.40	\$0.00
Electronic Credits					
Domestic Incoming Wire Fee	4	Unlimited	0	\$15.00	\$0.00
Miscellaneous Fees					
Domestic Wire Fee	2	2	0	\$35.00	\$0.00
Online Domestic Wire Fee	11	2	9	\$25.00	\$225.00
Subtotal Other Service Charges (Will be assessed on 11/5/19)					\$1,442.00

ACCOUNT 000000519571860

Monthly Service Fee	
Monthly Service Fee	1
Accident Forgiveness	
Insufficient Funds/Overdraft Item Retd	34
Insufficient Funds/Overdraft Item Paid	1
Other Service Charges:	
Electronic Credits	
Electronic Credits	5
Credits	
Non-Electronic Transactions	117
Electronic Credits	
Domestic Incoming Wire Fee	4
Miscellaneous Fees	
Domestic Wire Fee	2
Online Domestic Wire Fee	11



October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC



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October 01, 2019 through October 31, 2019

Account Number: [REDACTED] 1860

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218-2051

November 01, 2019 through November 29, 2019

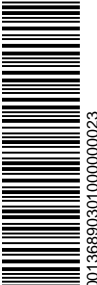
Account Number: [REDACTED] 1860

CUSTOMER SERVICE INFORMATION

Web site: **www.Chase.com**
Service Center: **1-877-425-8100**
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

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CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.
43344 HIGHWAY 27
DAVENPORT FL 33837-6816



00136890301000000023

CHECKING SUMMARY

Chase Platinum Business Checking

	INSTANCES	AMOUNT
Beginning Balance		\$34,508.83
Deposits and Additions	9	443,011.87
Checks Paid	74	-247,335.09
Electronic Withdrawals	34	-168,562.93
Other Withdrawals	2	-3,188.20
Fees	1	-1,442.00
Ending Balance	120	\$56,992.48

Your Chase Platinum Business Checking account provides:

- No transaction fees for unlimited electronic deposits (including ACH, ATM, wire, Chase Quick Deposit)
- 500 debits and non-electronic deposits (those made via check or cash in branches) per statement cycle
- \$25,000 in cash deposits per statement cycle
- Unlimited return deposited items with no fee

There are additional fee waivers and benefits associated with your account – please refer to your Deposit Account Agreement for more information.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
11/04	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1104K3B75B1C000234 Trn: 6608509308Ff	\$78,580.23
11/05	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1105K3B75B1C000229 Trn: 6407809309Ff	50,716.53
11/08	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1108K3B75B1C000228 Trn: 6246809312Ff	56,163.26
11/13	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1113K3B75B1C000155 Trn: 5452209317Ff	23,765.83
11/13	Deposit 1067017203	6,000.00



November 01, 2019 through November 29, 2019

Account Number: [REDACTED] 1860

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
11/15	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1115K3B75B1C000285 Trn: 8178309319Ff	103,699.68
11/19	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1119K3B75B1C000168 Trn: 5332309323Ff	34,638.06
11/26	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1126K3B75B1C000283 Trn: 7555609330Ff	25,784.40
11/27	Fedwire Credit Via: Woodforest National Bank/113008465 B/O: Expocredit LLC Miami, FL 33131- Ref: Chase Nyc/Ctr/Bnf=Contempo Florida Holidays Limited, Davenport FL 3383 7-6816 US/Ac-000000005195 Rfb=O/B W Oodforest N Imad: 1127K3B75B1C000340 Trn: 9106309331Ff	63,663.88
Total Deposits and Additions		\$443,011.87

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1335 ^		11/05	\$26,861.58
1444 * ^		11/06	4,273.00
1464 * ^		11/04	3,774.26
1466 * ^		11/05	6,000.00
1467 ^		11/04	378.30
1503 * ^		11/18	1,147.23
1506 * ^		11/18	386.50
1507 ^		11/13	353.57
1508 ^	11/01	11/01	1,518.25
1509 ^		11/14	655.00
1510 ^		11/12	624.00
1515 * ^		11/19	655.21
1517 * ^		11/06	7,346.00
1518 ^		11/05	3,027.00
1520 * ^		11/08	9,182.00
1526 * ^		11/01	8,139.47
1530 * ^		11/14	1,517.84
1531 ^		11/04	500.00
1533 * ^		11/05	460.00
1534 ^		11/05	15,000.00
1535 ^		11/05	13,500.00
1536 ^		11/05	24,000.00
1537 ^		11/06	5,000.00
1538 ^		11/13	4,500.00
1539 ^		11/08	402.00
1540 ^		11/08	583.00
1541 ^		11/08	672.00
1542 ^		11/13	327.00
1543 ^		11/12	517.50
1544 ^		11/08	529.00
1545 ^		11/14	275.00
1546 ^		11/08	615.00



November 01, 2019 through November 29, 2019

Account Number: [REDACTED] 1860

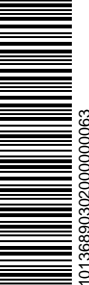
CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1547 ^		11/08	404.50
1548 ^		11/13	126.00
1549 ^		11/12	524.00
1550 ^		11/12	486.00
1551 ^		11/12	240.00
1552 ^		11/12	420.00
1553 ^		11/12	855.16
1554 ^		11/12	14,000.00
1555 ^		11/20	240.00
1556 ^		11/18	486.00
1557 ^		11/19	320.00
1558 ^		11/21	210.00
1559 ^		11/18	232.00
1560 ^		11/18	728.00
1561 ^		11/18	414.50
1562 ^		11/18	334.00
1563 ^		11/19	751.50
1564 ^		11/18	398.00
1565 ^		11/19	313.00
1566 ^		11/15	537.00
1567 ^		11/18	845.00
1568 ^		11/22	2,350.00
1569 ^		11/19	4,260.60
1570 ^		11/18	11,559.53
1571 ^		11/18	1,017.06
1572 ^		11/25	13,438.00
1573 ^		11/25	7,491.24
1574 ^		11/20	10,000.00
1575 ^		11/22	17,430.23
1577 * ^		11/26	366.00
1579 * ^		11/25	374.00
1580 ^		11/22	286.00
1581 ^		11/25	652.00
1582 ^		11/25	531.00
1583 ^		11/25	431.00
1584 ^		11/25	785.00
1585 ^		11/25	688.00
1586 ^		11/25	313.00
1587 ^		11/22	686.00
1588 ^		11/25	805.00
1589 ^		11/29	6,000.00
1590 ^		11/29	2,287.06
Total Checks Paid			\$247,335.09

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.





November 01, 2019 through November 29, 2019

Account Number: [REDACTED] 1860

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
11/04	11/04 Online Domestic Wire Transfer Via: Her Bk Comrce Sj/121142287 A/C: Castagnolo Properties Morganhill CA 95037 US Ref: October Rent/Bnf/Castagnolo Properties Imad: 1104B1Qgc07C002912 Trn: 3904100308Es	\$9,756.18
11/05	11/05 Online ACH Payment 5233341568 To Don Wherrett (_#####0771)	2,000.00
11/05	11/05 Online ACH Payment 5233342953 To Mickey Management Linda Brown (_#####7843)	3,089.30
11/05	11/05 Payment To Chase Card Ending IN 3930	21,000.00
11/07	Citi Card Online Payment 153113403897009 Web ID: Citictp	18.98
11/08	11/08 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Trinet Hr Xi Inc Dublin CA 94568 US Ref: Payroll Funding, October 20 - Nov 2For Contempo 6676/Time/16:11 Imad: 1108B1Qgc02C018237 Trn: 6319000312Es	30,251.45
11/08	11/08 Online Transfer To Chk ...8520 Transaction#: 8841242039	1,500.00
11/12	Frontier Legacy Bill Pay 12486031121 Tel ID: 7529099211	561.03
11/12	Frontier Legacy Bill Pay 12486023711 Tel ID: 7529099211	483.53
11/12	Frontier Legacy Bill Pay 12486015021 Tel ID: 7529099211	459.11
11/12	Billmatrix Billpayfee 12486006152 Tel ID: 7529000011	3.50
11/12	Billmatrix Billpayfee 12486015022 Tel ID: 7529000011	3.50
11/12	Billmatrix Billpayfee 12486023712 Tel ID: 7529000011	3.50
11/12	Billmatrix Billpayfee 12486031122 Tel ID: 7529000011	3.50
11/13	11/13 Online ACH Payment 5234042154 To A2B (_#####4904)	3,159.00
11/14	11/14 Online ACH Payment 5234210352 To 208Nhd (_#####7135)	6,000.00
11/14	11/14 Online ACH Payment 5234228573 To Mickey Management Linda Brown (_#####7843)	3,361.45
11/18	11/18 Online ACH Payment 5234458710 To Hoa (_#####8135)	10,000.00
11/20	11/20 Online Domestic Wire Transfer Via: Wells Fargo NA/121000248 A/C: Trinet Hr Xi Inc Dublin CA 94568 US Ref: Client 6676 - Invoice 6053021 Pay Period Ending 16-Nov-2019/Bnf/Client 6676 - Invoice 6053021 Pay Period Ending 16-Nov-2019/Time/11:39 Imad: 1120B1Qgc03C005827 Trn: 4401800324Es	26,268.65
11/21	11/21 Online Domestic Wire Transfer Via: Suntrust Atl/061000104 A/C: Graham Mcgreggor Davenport FL 33837 US Ref: Contempo Florida Holidays Owner Payment For Target Amount And Payment IN Full And Final For Missing Items/Acc/Org CR Pty Aba/063102152 Suntr Ust Bank 900 E Semoran Blvd Imad: 1121B1Qgc06C019861 Trn: 4848500325Es	1,300.00
11/22	11/22 Online ACH Payment 5234956130 To 208Nhd (_#####7135)	1,949.00
11/25	11/24 Online Transfer To Chk ...8520 Transaction#: 8893515917	500.00
11/25	Pnp Billpayment 112119Ek PPD ID: 3333308324	15,316.95
11/25	Pnp Billpayment 112119Ek PPD ID: 3333308324	266.80
11/27	11/27 Online ACH Payment 5235338899 To Isra (_#####9157)	3,000.00
11/27	11/27 Online ACH Payment 5235339198 To Sam Longster (_#####7910)	5,300.00
11/27	11/27 Online ACH Payment 5235339197 To Claire Jarrett (_#####5101)	1,200.00
11/27	11/27 Online ACH Payment 5235340355 To Don Wherrett (_#####0771)	1,000.00
11/27	11/27 Online Domestic Wire Transfer Via: Trustco Bank/063192450 A/C: Mar Gar LLC Orlando FL 32836 US Ref: GI Cc - Owner Utilities Repayment Imad: 1127B1Qgc08C008849 Trn: 5861600331Es	2,325.23
11/27	11/27 Online Transfer To Chk ...8520 Transaction#: 8904768064	2,200.00
11/29	11/29 Online Domestic Wire Transfer Via: Equitable Ssb Hale/275071259 A/C: Edward Dirk Franklin WI 53132 US Ref: Contempo Florida Holidays Owner Payment Imad: 1129B1Qgc06C015253 Trn: 6587000333Es	2,605.81
11/29	11/29 Online Domestic Wire Transfer Via: Her Bk Comrce Sj/121142287 A/C: Castagnolo Properties Morganhill CA 95037 US Ref: November Rent/Bnf/Castagnolo Properties Imad: 1129B1Qgc07C029473 Trn: 6804500333Es	9,756.18
11/29	11/29 Online Domestic Wire Transfer Via: Regions/062000019 A/C: Aba/063104668 Altamonte Springs FL 32701 US Ben: Deborah Sparkes Davenport FL 33837 US Ref: Contempo Florida Holidays Owner Payment Imad: 1129B1Qgc07C038716 Trn: 7418200333Es	2,000.00
11/29	Citi Card Online Payment 423131591558611 Web ID: Citictp	1,920.28

Total Electronic Withdrawals**\$168,562.93**



November 01, 2019 through November 29, 2019

Account Number: [REDACTED] 860

OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
11/13	Frontier Legacy Bill Pay 12486006151 Tel ID: 7529099211	\$362.93
11/21	11/21 Withdrawal	2,825.27
Total Other Withdrawals		\$3,188.20

FEES

DATE	DESCRIPTION	AMOUNT
11/05	Service Charges For The Month of October	\$1,442.00
Total Fees		\$1,442.00

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
11/01	\$24,851.11	11/13	20,498.58	11/21	71,797.98
11/04	89,022.60	11/14	8,689.29	11/22	49,096.75
11/05	23,359.25	11/15	111,851.97	11/25	7,504.76
11/06	6,740.25	11/18	84,304.15	11/26	32,923.16
11/07	6,721.27	11/19	112,641.90	11/27	81,561.81
11/08	18,745.58	11/20	76,133.25	11/29	56,992.48
11/12	-438.75				

SERVICE CHARGE SUMMARY

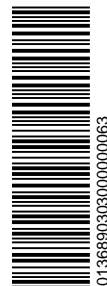
Monthly Service Fee	\$95.00
Other Service Charges	\$236.00
Total Service Charges	\$331.00 Will be assessed on 12/4/19

You were assessed a monthly service fee on your Chase Platinum Business Checking account because you did not maintain the required relationship balance.

SERVICE CHARGE DETAIL

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee	1			\$95.00	\$95.00
Accident Forgiveness					
Insufficient Funds/Overdraft Item Paid	5	1	4	\$34.00	\$136.00
Other Service Charges:					
Electronic Credits					
Electronic Credits	8	Unlimited	0	\$0.40	\$0.00
Credits					
Non-Electronic Transactions	95	500	0	\$0.40	\$0.00
Branch Deposit - Immediate Verification	\$6,000	\$25,000	\$0	\$0.0025	\$0.00
Electronic Credits					
Domestic Incoming Wire Fee	8	Unlimited	0	\$15.00	\$0.00
Miscellaneous Fees					
Online Domestic Wire Fee	8	4	4	\$25.00	\$100.00
Cash Management Services					
Online ACH Payments Trans	1	25	0	\$0.00	\$0.00
Subtotal Other Service Charges (Will be assessed on 12/4/19)					\$331.00

ACCOUNT 000000519571860



10136890303000000063



November 01, 2019 through November 29, 2019

Account Number: [REDACTED] 1860

SERVICE CHARGE DETAIL (continued)

DESCRIPTION	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
Monthly Service Fee					
Monthly Service Fee	1				
Accident Forgiveness					
Insufficient Funds/Overdraft Item Paid	5				
Other Service Charges:					
Electronic Credits					
Electronic Credits	8				
Credits					
Non-Electronic Transactions	95				
Branch Deposit - Immediate Verification	\$6,000				
Electronic Credits					
Domestic Incoming Wire Fee	8				
Miscellaneous Fees					
Online Domestic Wire Fee	8				
Cash Management Services					
Online ACH Payments Trans	1				

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

**United States Bankruptcy Court
Middle District of Florida**

In re **Contempo Florida Holidays Limited Inc**

Debtor(s)

Case No. **8:19-bk-11518-MGW**

Chapter **7**

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 26, 2020**

/s/ Gary Peter Leventhal

Gary Peter Leventhal/President

Signer/Title

Contempo Florida Holidays Limited Inc
7717 Belvoir Drive
Orlando, FL 32836

A. Hicks
733 Tuscan Hills Blvd
Davenport, FL 33897

Almel Investments LLC
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Alberto ("Al") F. Gomez, Jr.
Johnson, Pope, Bokor,
Ruppel & Burns, LLP
401 East Jackston Street #3100
Tampa, FL 33602

A. Horne
15828 Heron Hill St
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Davenport, FL 33894

A. Mantegazzi
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2609 Rosemont Circle
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510 Holling Head Loop
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A. Rojas
2595 Rosemont Circle
Davenport, FL 33897

B, Marthi
253 Saragosa
Davenport, FL 33897

A. Brimble
319 Robin Rd
Davenport, FL 33896

A. Shamhs
432 Narthampton Dr
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B. Dick
321 Troon Circle
Davenport, FL 33896

A. Chaudhary
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Davenport, FL 33896

A. Tavino
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B. Harvey
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A. Davey
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Davenport, FL 33897

Air Investments Inc
2760 Sun Key Pl
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B. Marthi
154 Savilla Av
Davenport, FL 33897

B. Rampersand
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B. Small
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D. Dorathy
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C. Fornengo
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D. Appling
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D. Bannerman
2815 SP

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E. Gryffenberg
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M. Moskins
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Davenport, FL 33897

S. Melamed
460 Balmoral Drive
Davenport, FL 33896

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S. Pamdya
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Rudre Property Investments
8565 Chrystal Cove Loop
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S. Patel
2621 Rosemount Circle
Davenport, FL 33897

SG Magical Properties LLC
904 Charo Parkway #532
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S. Abbas
152 Highgate Park Blvd
Davenport, FL 33897

S. Proctor
167 Amala Lane
Davenport, FL 33897

Shober Family Investments LL
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Clermont, FL 34714

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738 Scrub Jay Way
Davenport, FL 33897

S. Reily
253 Aldridge Lane
Davenport, FL 33897

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15801 Robin Hill Loop
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2586 Rosemont Circle
Davenport, FL 33897

S. Rennie
2529 Rosemont Circle
Davenport, FL 33897

Sun Season International LLC
2197 Victoria Dr
Davenport, FL 33897

S. Hammond
2562 Rosemont Circle
Davenport, FL 33897

S. Shelikoff
2589 Rosemont Circle
Davenport, FL 33897

T. Johnson
16009 Heron Hill
Clermont, FL 34714

T. Knight
202 Starbird Ct
Davenport, FL 33896

VBA USA LLC
7751 Kingspoint Parkway #109
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Y. Liu
2509 Rosemont Circle
Davenport, FL 33897

T. Mangra
2650 Rosemont Circle
Davenport, FL 33897

Vidya Singh
334 Bonville Drive
Davenport, FL 33897

Y. Zmu
2142 Victoria Dr
Davenport, FL 33897

T. Woodcock
15902 Mercott Ct
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W. Davis
2341 Victoria Dr
Davenport, FL 33897

Yellets Enterprise LLC
6086 Broad Oak Dr
Davenport, FL 33897

Tropical Escapes
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W. Mason
253 Solterra
Lorida, FL 33857

Tusani LLC
826 Highgate Park Blvd
Davenport, FL 33897

W. Porter
8481 Crystal Cove Loop
Kissimmee, FL 34747

U. Patel
1134 Mariner Cay Dr
Haines City, FL 33844

Waste Management
Po Box 4648
Carol Stream, IL 60197

V'EH Cation Corporation
2569 Rosemont Circle
Davenport, FL 33897

Wells Fargo Financial Inc
800 Walnut St
Des Moines, IA 50309

V. Angel
2136 Victoria Dr
Davenport, FL 33837

William Hill
5253 Oakbourne Av
Davenport, FL 33837

Vaacm LLC
2545 Rosemont Circle
Davenport, FL 33897

Y. FERreira
2239 Victoria Dr.
Davenport, FL 33897

**United States Bankruptcy Court
Middle District of Florida**

In re **Contempo Florida Holidays Limited Inc**

Debtor(s)

Case No. **8:19-bk-11518-MGW**Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1) - AMENDED

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Contempo Florida Holidays Limited Inc** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

DYW, LLC
7162 Montreal Drive
Lakeland, FL

ISRA, LLC
1487 Scrub Jay Trail
Frostproof, FL

Mar-Gar, LLC
8820 Bay Villa Court
Orlando, FL

☐ None [Check if applicable]

February 26, 2020

Date

/s/ Alberto ("Al") F. Gomez, Jr.

Alberto ("Al") F. Gomez, Jr. 784486

Signature of Attorney or Litigant

Counsel for **Contempo Florida Holidays Limited Inc**

Johnson, Pope, Bokor,

Ruppel & Burns, LLP

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